Indian association questions plan for hepatitis B immunisation

Ganapati Mudur

*BMJ* 2006;333:621-
doi:10.1136/bmj.333.7569.621-c

Updated information and services can be found at:
http://bmj.com/cgi/content/full/333/7569/621-c

These include:

**Data supplement**
"Longer version"
http://bmj.com/cgi/content/full/333/7569/621-c/DC1

**Rapid responses**
You can respond to this article at:
http://bmj.com/cgi/eletter-submit/333/7569/621-c

**Email alerting service**
Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

**Topic collections**
Articles on similar topics can be found in the following collections

- Other immunology (939 articles)

**Notes**

To order reprints of this article go to:
http://www.bmjournals.com/cgi/reprintform

To subscribe to *BMJ* go to:
http://bmj.bmjjournals.com/subscriptions/subscribe.shtml
Indian association questions plan for hepatitis B immunisation

Ganapati Mudur New Delhi

The Indian Medical Association has criticised a government proposal to expand universal immunisation against the hepatitis B virus throughout India, saying that it would be “wasteful spending” on a low priority health problem.

In a report sent to the health ministry, the association said that a systematic review of studies indicates that the rate of chronic carriage of hepatitis B in India is 1.6% and not 4% as projected. It has also cautioned that the proposal to immunise infants at 6, 10, and 14 weeks would not significantly change rates of chronic carriers because most cases result from vertical transmission (directly from mother to baby during and after pregnancy).

The report, made public by the association last week, has evoked sharp reactions from some doctors who have said that the lower estimate of rates of chronic carriers should not deter universal immunisation. “When an effective, inexpensive vaccine is available, it would be unethical to deny it to the population,” said Subrat Acharya, a gastroenterologist at the All India Institute of Medical Sciences in New Delhi.

After a pilot project to immunise infants against hepatitis B in 15 cities and 32 districts, the health ministry has proposed to scale up the programme nationwide at an estimated annual cost of 5bn rupees (£58m; €86m; $110m).

The lower estimate of chronic carrier rate translates into only 16 million cases instead of 40 million, the association said in its report, which follows a 10 month long consultative process.

It has also cited national cancer registry data that show that the number of deaths from liver cancer from hepatitis B is only 5000 instead of previous estimates of more than 180 000.

“The decision to introduce the hepatitis B vaccine into universal immunisation appears to have been taken without thought to either the disease burden or the efficacy of the 6, 10 and 14 week schedule,” said Jacob Puliyl, a paediatrician at the St Stephen’s Hospital in New Delhi and author of the report released by the association.

“Nowhere in the world is there any study that has demonstrated the efficacy of the 6, 10, and 14 week schedule to reduce chronic carrier rates,” Dr Puliyl said.

However, several doctors have expressed surprise at the association’s report and have said that its recommendations spring from “mishandled notions of the true disease burden from hepatitis B.”

“Neither the association nor paediatricians are in any position to appreciate the true disease burden caused by this virus,” said Vivek Sarawat, a gastroenterologist at the Sanjay Gandhi Postgraduate Institute of Medical Sciences in Lucknow.

Indian association questions plan for hepatitis B immunisation

Ganapati Mudur New Delhi

The Indian Medical Association has criticised a government proposal to expand universal immunisation against the hepatitis B virus throughout India, saying that it would be “wasteful spending” on a low priority health problem.

In a report sent to the health ministry, the association said that a systematic review of studies indicates that the rate of chronic carriage of hepatitis B in India is 1.6% and not 4% as projected. It has also cautioned that the proposal to immunise infants at 6, 10, and 14 weeks would not significantly change rates of chronic carriers because most cases result from vertical transmission (directly from mother to baby during and after pregnancy).

The report, made public by the association last week, has evoked sharp reactions from some doctors who have said that the lower estimate of rates of chronic carriers should not deter universal immunisation. “When an effective, inexpensive vaccine is available, it would be unethical to deny it to the population,” said Subrat Acharya, a gastroenterologist at the All India Institute of Medical Sciences in New Delhi.

After a pilot project to immunise infants against hepatitis B in 15 cities and 32 districts, the health ministry has proposed to scale up the programme nationwide at an estimated annual cost of 5bn rupees (£58m; €86m; $110m).

The lower estimate of chronic carrier rate translates into only 16 million cases instead of 40 million, the association said in its report, which follows a 10 month long consultative process.

It has also cited national cancer registry data that show that the number of deaths from liver cancer from hepatitis B is only 5000 instead of previous estimates of more than 180 000.

“The decision to introduce the hepatitis B vaccine into universal immunisation appears to have been taken without thought to either the disease burden or the efficacy of the 6, 10 and 14 week schedule,” said Jacob Puliyl, a paediatrician at the St Stephen’s Hospital in New Delhi and author of the report released by the association.

“Nowhere in the world is there any study that has demonstrated the efficacy of the 6, 10, and 14 week schedule to reduce chronic carrier rates,” Dr Puliyl said.

However, several doctors have expressed surprise at the association’s report and have said that its recommendations spring from “mishandled notions of the true disease burden from hepatitis B.”

“Neither the association nor paediatricians are in any position to appreciate the true disease burden caused by this virus,” said Vivek Sarawat, a gastroenterologist at the Sanjay Gandhi Postgraduate Institute of Medical Sciences in Lucknow.

The Indian Medical Association says vaccinating babies against hepatitis B is wasteful as carrier status is often transmitted vertically