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Opinion
Vaccines and immunisation

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India cannot afford to use vaccines that are not cost-effective

Jacob Puliyel

Developing countries must spend their budgets wisely to save as many lives as possible

Your article about anti-vaccination scares "spilling over into the developing world, where they are threatening to derail global vaccination programmes" failed to present a balanced view of the situation (Why fear of vaccination is spelling disaster in the developing world, G2, 12 October).

The article states that "Indian lobbying groups, led by opposition politicians, still claim that Hib (*Haemophilus influenzae*) vaccines are not only unnecessary, but have caused a number of deaths" and that the Indian government's decision to re-examine their usefulness is putting lives at risk. I am a member of the Indian government's National Technical Advisory Group on Immunisation, and I know of no politician in the opposition that is leading any lobbying group against vaccines. For a vaccine to be introduced into the national immunisation programme, it must reduce the disease burden sufficiently to justify its costs. Unfortunately, Hib does not fit that bill in Asia. Repeatedly, Asian studies have shown there was no reduction in meningitis or pneumonia among those who received the vaccine.

In particular, a vaccine effectiveness trial using Hib - conducted in Dhaka, Bangladesh, in June 2007 and involving 68,000 infants under two - showed that there was no significant reduction in clinically diagnosed pneumonia compared with the control group. However, the Global Alliance for Vaccines and Immunisation (Gavi) claimed the Bangladesh trial demonstrated the vaccine's usefulness.

It is clear that the vaccine does not save many lives - it merely swallows up funds that could have been used for genuine life-saving interventions, such as the provision of clean potable water.

In the article, Lois Privor-Dumm of the Bloomberg School of Public Health is quoted as saying "it would be wrong to characterise all opposition to vaccines as cranky or anti-science ... There is often a grain of truth at the bottom of it".

An analysis in the Lancet showed how the pneumococcal vaccine reduces only four cases of pneumonia per 1,000 children. According to Gavi's own figures, the cost of vaccinating 1,000 children is $12,750. Treating the four cases of pneumonia in India, using WHO protocol, would cost $1. The pneumococcus strains prevalent in India are nearly all sensitive to inexpensive antibiotics like penicillin. In the US, which has been using the pneumococcal vaccine, there has been a strain shift - strains covered in the vaccine are being replaced by more antibiotic resistant strains. Vaccine has simply made the problem of pneumococcal disease worse. Yet this vaccine is being pushed in Africa and Asia.

India is a country where 50% of the population do not receive the six basic vaccines against diphtheria, whooping cough, tetanus, polio, tuberculosis and measles. The incremental cost of complete immunisation with these basic vaccines is less than $0.75 (30 rupees) per child. This week I had the heart-wrenching experience of explaining to a mother that her eight-year-old daughter had died from diphtheria, which could have been prevented with the DPT vaccine. The push to include expensive new vaccines must be viewed in this context. Any vaccine introduced in developing countries needs to be weighed in relation to its cost and benefit.

Many of the organisations that are pushing these vaccines have profit margins to protect. To put it bluntly, for them, it is not about lives lost in poor countries - it is all about the cash register.

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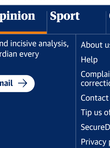


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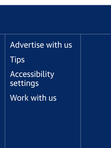
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