

The past few years has witnessed the introduction of many new vaccines in the Indian market. Some of these vaccines are targeted against diseases which are not very familiar to pediatricians or against diseases for which India specific epidemiological data is scanty or non-existent. The IAPCOI has categorized vaccines into four categories: Category 1 vaccines are all the EPI/ UIP vaccines, BCG, DTaP, OPV, Measles, DT, TT, HepB. Category 2 vaccines are those that are unequivocally recommended by the IAPCOI for an individual child if parents can afford the vaccine. (In addition to EPI) Typhoid, Hib, HepB, MMR, IPV, Tdap, Td, HPV. Category 3 vaccines are those where the cost benefit ratio or the vaccine efficacy for an individual child is lower than category 2 vaccines as of currently available data and hence are to be administered after one-to-one discussion with parents on a named child basis. PCV 7, Hep A, Chicken Pox, DTaP, Rotavirus. Category 4 vaccines are vaccines to be given under special circumstances Rabies, Influenza, PPV 23, JE Vaccine, Meningococcal. ROTAVIRAL VACCINE : In India, Rotavirus is estimated to cause 25 million diarrhoeal episodes, 5 million out patient visits, 500,000 hospitalizations and 120,000 deaths. THE VACCINE: Currently, two live oral vaccines are licensed and marketed worldwide, Rotarix™ and RotaTeq™. Rotarix is the only vaccine marketed in India. The 1st dose should be given before the age of 14 weeks and the 2nd dose before the age of 32 weeks. PNEUMOCOCCAL VACCINE : BURDEN: Streptococcus pneumoniae (SP) infections are a leading cause of mortality and morbidity in young children, the elderly and those with debilitating medical conditions. It is estimated that 135,000-150,000 deaths in India in the under 5 population are due to pneumococcal pneumonia.

THE VACCINE: The 7 valent pneumococcal conjugate vaccine (PCV 7), PREVENAR, contains polysaccharide antigen of serotypes 4, 6B, 9V, 14, 18C, 19F and 23 linked to a protein carrier CRM137. This vaccine covers only 55% of the prevalent strains in India (vs 85-90% of strains in USA). The just introduced, 10 valent and 13 valent PCV is likely to be introduced in India shortly. These will provide broader serotype coverage. HPV VACCINE : Data from national cancer registries in India indicate that cervical cancer is the most common cancer/ cause of cancer related death in Indian women. THE VACCINE: Two vaccines have been licensed globally; a quadrivalent vaccine from Merck marketed as Gardasil™ and the other a bivalent vaccine from GSK marketed as Cervarix™. Both are manufactured by recombinant DNA technology that produces non-infectious virus like particles (VLP) comprising of the HPV L1 protein, the major capsid protein of HPV. Both the vaccines are highly immunogenic and highly efficacious. The IAPCOI recommends offering HPV vaccine to all females who can afford the vaccine. Age for initiation of vaccination is 10-12 years. Catch

up vaccination is permitted up to the age of 26 years. Three doses at 0, 2 and 6 months are recommended with Gardasil™. Minimum interval - 1st & 2nd dose - 4 weeks 2nd and 3rd dose - 12 weeks. Three doses 0, 1 and 6 months with the Cervarix vaccine.

INACTIVATED (INJECTABLE) POLIO VACCINE?? : OPV has faltered in the "end game" of polio eradication! Why is IPV important in India? Proven immunogenicity & efficacy in India & other developing countries. Remarkably safe vaccine - No VAPP - No VDPV. 2/3 doses beginning at 6/8 weeks can rapidly boost population immunity. Can be integrated with EPI (6-10-14 weeks schedule with DPT). The immunogenicity of IPV has been investigated and proven in several studies from India and other developing countries. 2 doses in 1st year was immunogenic /r 3 doses in 1st year was more immunogenic than 2 doses. "If given after 2 months of age, maternal antibodies do not impair seroconversion. 8 weeks interval between doses is more immunogenic than 4 week interval 6-10-14 weeks was as immunogenic as 8-16 weeks schedule. In all studies, boosters caused the GMT's to increase more than 10-fold. IgG neutralizing antibody response of IPV is far superior to that of OPV.

OPV USE SHOULD CONTINUE AS PER GOVT POLICY FOR RI & SIAs : Why should I use both OPV & IPV?? OPV is necessary as long as there is circulation of wild virus in the community. OPV with its superior mucosal immunity is necessary to break the chain of transmission. Moreover the efficacy of IPV in halting spread of CVDPV is unknown. So far all cVDPV outbreaks have been halted with OPV. Ofcourse IPV gives superior humoral immunity and protection against paralytic polio. H1N1 VACCINE: Two types of 2009 H1N1 Influenza vaccines are available. Influenza A (H1N1) 2009 Monovalent Vaccine (Inactivated)

- Given IM- For persons 6 months of age or older. - May be given to any person at high risk due to a medical condition, including pregnant women. Influenza A (H1N1) 2009 Monovalent Vaccine (Live, Attenuated) - Given Intranasal - An option for vaccinating healthy non-pregnant persons aged 2-49 years only - Do not administer to: Children 2-4 years of age with a history of wheezing • Persons with a chronic medical condition Adults and children >9 years of age will need 1 dose of vaccine. Children, ages 6 months to 9 years will need 2 doses at 4-6 week interval. Children 6 - 36 months will need 0.25 ml/dose, others 0.5ml/dose. 2009 H1N1 Initial Target Groups: Pregnant women * Persons aged 6 mo-24 yrs * Persons aged 25-64 yrs with a medical condition that puts them at higher risk • Health care personnel and emergency medical services personnel • Persons living with or caring for infants less than 6 mo of age.

NEW IMA HOUSE 1ST ANNIVERSARY CELEBRATED



Cine Artist Kavya Madhavan inaugurates the function

MONTHLY CME
 Date : 26.5.2010 (Wednesday), 8.00 p.m. Venue : IMA House, Kaloor
TOPIC : INFLAMMATORY BOWEL DISEASE
 Chairperson : Dr. Prakash K., President, Cochin Gut Club, Sr. Consultant GI Surgeon, PVS Memorial Hospital, Kochi
SPEAKERS
 1. **IBD An Overview** : Dr. Jaison Varghese, Consultant Gastroenterologist, Lourdes Hospital, Kochi
 2. **Pediatric IBD** : Dr. Geetha M., Consultant Pediatric Gastroenterologist, AIMS, Kochi
 3. **Management Issues in IB** : Dr. Charles, Consultant Gastroenterologist, Medical Trust Hospital, Kochi
 4. **Surgery in IBD** : Dr. Byju Kundil, Consultant GI Surgeon, Lakeshore Hospital, Kochi
 Sponsors : Dr. Reddys

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 Printed & published by IMA Cochin for circulation among IMA members only. Designed & Printed by Pixel Studio, Cochin-28 © 2806 301

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President's Column

Dear Colleagues,



The anniversary of the IMA house was celebrated in a big way with colourful programmes and the presence of Kavya Madhavan as chief guest added flavour to the whole function. I am happy to know that everybody enjoyed that evening well and that all are looking forward for many more celebrations like this in the future.

The countdown for the state conference is fast ticking. Registrations have already been started. Please register as reception committee member early enough so that the planning of the conference can be done smoothly. Please don't wait for any invitation for the registration and do it wholeheartedly and willingly. Also take an active role voluntarily for the success of the conference.

The brochures of the mega event will be reaching you soon and please reply as early as possible with your details so that arrangement for your smooth participation can be ensured early enough so that it becomes a memorable conference in your life.

Dr. Joy Joseph

IMA CHARITABLE MEDICINE BANK

Please donate your sample medicines for the IMA CHARITABLE MEDICINE BANK which has a new outlet in the city and thereby help the poor and deserving people.

WIMA ACTIVITIES - APRIL 2010

Mrs. Mumtaz Khalid gave a talk on nutrition for adolescent girls followed by talk on adolescent health by Dr. Smithy Sanel. A talk was given to AIDS patients on cleanliness by Dr. Shobha Pillai. Dr. Neena Thomas and Dr. Shirley John conducted premarital class at Renewal Centre in addition to seminar conducted by Dr. Parvathi with World Health Day theme. Two medical camps were conducted by Dr. Manju and Dr. Soge, Dr. Sanjivani & Dr. Asha on diabetes and free bone densitometry respectively. Article on 'Diseases women hesitate to speak out' was published by Dr. Valsala and Dr. Girija Gurudas put up an article on 'Caesarean section'. Dr. Santha made donation to Government physically handicapped women in addition to the snack she sponsored to the inmate of old age home Thevara. Activities included a picnic to the Cherai Beach including some games and Walk for health.

Next meeting is on 29th May with a class on Nutritious cooking.

Annual All Kerala Conference is coming up in November. Please do take active part by participating in group dances for adults and children and skits. Kindly give your names if interested.

Abstract of previous month Scientific Session

PYREXIA OF UNKNOWN ORIGIN : Dr. R.N. Sarma

Fever where the aetiology could not be ascertained remains an important clinical problem in spite of overwhelming development of scientific information, newer diagnostic techniques and high tech investigational facilities PUO can be a challenge, can be a head ache and at times nightmare. Modern textbooks mention 200 and odd causes of PUO. The approach should be meticulous stepwise and thorough. We should not overlook hidden facts in history. Assessment should include head to foot examination of the patient everyday ordering the appropriate and relevant investigations (including hightech) that are needed. Since PUO can be due to multiple causes elaborate investigations may be needed PUO can be due to hidden infections (no localizing symptoms) (can be viral, bacterial, fungal mycobacterial), malignancies Connective tissue diseases, arteritis or drugs. Rarely fever can be factitious also.

History should take into account the geographic area of the patient, events in the past ailments in the family, places the patient has visited and surgical implants if any. All are important in appropriate circumstances. Physical examination should focus on general examination first followed by system wise examination This should be done every day Newer findings can crop up at



anytime which will throw more light on the aetiology. There is no role for taking things for granted. Cases of fever of undetermined aetiology may declare the diagnosis several days after admission. Certain investigations are to be repeated. Several X rays normal previously can declare an abnormality in a subsequent X ray. In the diagnosis of infections microbiological support is crucial. Unfortunately the patient would have been subjected to multiple antibiotics which will render subsequent cultures negative. In analyzing the causes of PUO close collaboration with microbiologist, imageologist cardiologist, rheumatologist, pulmonologist and all other supportive departments may become essential depending on aetiology. A patient may be admitted with fever and the original fever subsides and another fever raises its head (eg a gluteal abscess appearing subsequently, and in indwelling catheter getting infected). Tuberculosis still remains an important cause of PUO in our country. In the era of replacement surgery their getting infected and producing PUO should be considered strongly. Underlying HIV should not escape our attention.

In short PUO requires meticulous thorough evaluation from the scratch concentrating on detailed history. Physical findings tailored investigations collaborating with colleagues and other disciplines.

imafest 2010 cochin news
53rd Annual State Conference of IMA Kerala State Branch
 12, 13, 14 November 2010 ■ IMA House, Cochin
 Registration for the Conference has already started.



Releasing Conference logo by Dr. V.D. Pradeep Kumar

REGISTRATION CHARGES	
Reception committee member	Rs.1,500
Couple Reception Committee member	Rs.2,500
Delegate Single	Rs.1,000
Couple Delegate	Rs.1,600
Spouse	Rs.900
Children above 10 years	Rs.900



Dr. V.P. Kuriyipe receiving the first registration from Dr. Sujith Vasudevan

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SPORTS & GAMES	DR. SUNIL K. MATHAI	DR. N. GOPALAKRISHNAN	DR. C. SAGAR
WEBSITE : WEBMASTER DR. RAMESH S. SHENY			

All members of IMA Cochin are requested to register as Reception / Couple Committee members at the earliest. Attractive gifts are in store for the early birds!

Mobilising funds will be from the stalls in trade & exhibition and Souvenir. Please make use of your rapport with companies and organisation to take up stall or advertisements.

Dr. V.P. Kuriyipe
 Org. Chairman
 98470 77340
 Dr. S.S. Kamath
 Org. Secretary
 98470 57766
 Dr. V.D. Pradeep Kumar
 General Convenor
 98472 60677

Secretary's Desk

Dear Colleagues,

Dr. Ketan Desai, MCI president and past national president of IMA brought discredit to the entire medical profession of the nation. President of India Mrs. Pratibha Patil signed an ordinance empowering the government to dissolve MCI. With the promulgation of the ordinance the govt. created a seven member Board of Governors who can take over the powers of the executive council. This ordinance authorized the govt. to intervene in matters of dispute over "national policy". Let us hope that this Board will uphold the dignity of the profession.

IMA KSB decided to make it compulsory to renew the IMA membership for renewal of policies of various schemes. Even though Cochin is one of the biggest branches in the State, the percentage of membership in various schemes is too low when compared to the scheme membership of other branches. Needless to mention, the schemes of IMA is much better than most of the insurance policies or health schemes of other agencies. Hence I request all the doctors to get enrolled in various schemes and secure the future of your family.

The response of patients to new retail outlet of IMA Medicine Bank at Pookaranmukku, M.G. Road is overwhelming. A minimum of 30 patients are collecting drugs from this Centre daily. We are badly in need of medicines for distribution to patients. Please make it a point to bring sample medicines when you come for IMA General Body or IMA Executive Committee Meeting.

With regards,
 Dr. Sunny P. Orathel

IMA BLOOD DONATION CAMP



Blood Donation Camp organised jointly by IMA Blood Bank and Cochin Blood Donors Forum in St. Ritas School. Dr. V.D. Pradeep Kumar leads with "Message of Blood Donation". Mr. A.B. Sabu (Opposition Leader, Cochin Corporation Council), Mr. Rajeev Menon and Mr. Anil George (Principal S.I., Palarivattom) participated the function.