



Indian paediatricians ask government to add mumps vaccine to immunisation programme

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The Indian Academy of Paediatrics has asked India's health ministry to add the mumps vaccine to the free childhood immunisation programme, saying that this viral infection is a serious public health concern.

In a position paper the academy asked the health ministry to add the mumps vaccine to those of measles and rubella, citing the government's own disease surveillance data and 14 peer reviewed publications as evidence for the widespread prevalence of mumps.¹

The health ministry's integrated disease surveillance programme investigated 72 outbreaks of mumps over a five year period, from September 2009 to November 2014, with a total of 1564 cases. An infectious disease tracking database maintained by the academy and relying on voluntary reports from member paediatricians documented 808 children with mumps between January 2011 and December 2013 and 244 patients between November 2014 and February 2015. However, less than 10% of the 23 000 members of the academy have submitted reports.

Vipin Vashishtha, a paediatrician in the northern Indian town of Bijnor and convener of the academy's advisory committee on vaccines and immunisation practices, told *The BMJ*, "For some reason, the government is not convinced about the burden of mumps—although we believe the number of cases is much higher than has been documented. And the health ministry also appears worried about the extra costs that the mumps vaccine would entail."

The health ministry announced last year that it would add the rubella vaccine to the public immunisation programme, as a bivalent measles and rubella vaccine. It will be provided in two doses, the first one in place of the current standalone measles vaccine given to infants at 9 months and the second dose

between 16 and 24 months with the first booster dose of diphtheria, tetanus, and pertussis vaccine.

The academy made a presentation on the burden of mumps last year to the National Technical Advisory Group on Immunisation, a body of experts that advises the health ministry on vaccines, and argued for use of the trivalent measles, mumps, and rubella vaccine. "They refused to accept our recommendation," Vashishtha said. "We're hoping the government will at least now take note of this detailed position paper."

The published studies reviewed by the academy showed that 2.3-14.6% of all investigated hospitalised patients with acute encephalitis syndrome or viral encephalitis had mumps meningoencephalitis.

Rakesh Kumar, a joint secretary in the health ministry, told *The BMJ*, "The government has taken the decision to introduce the measles and rubella vaccine, but a call is yet to be taken on whether to introduce it this year or the next. There is no decision on the mumps vaccine yet."

Paediatricians have estimated that the introduction of two doses of the mumps vaccine for India's estimated 27 million babies born each year would cost about Rs1080m (£11m; €15m; \$17m).

The government's immunisation programme currently provides vaccines against tuberculosis, polio, diphtheria, tetanus, pertussis, measles, and hepatitis B. Other vaccines, including those against mumps, hepatitis A, chicken pox, and rotavirus, are widely available through private sector paediatricians.

1 Vashishtha VM, Yadav S, Dabas A, et al. IAP position paper on burden of mumps in India and vaccination strategies. *Indian Pediatr* 2015;52:505-14.

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