Correspondence

Vitamin A deficiency in children

Sir,

Apropos the correspondence “Severe vitamin A deficiency in India during pulse polio immunization” published in September 2005 issue¹, the investigators have substantiated the recommendations of the scientists in India, that vitamin A deficiency (VAD) continues to be a public health problem in some geographical pockets of the country². There is unanimity in the country for adopting the triple A approach i.e., (i) assessment, (ii) analysis, and (iii) action for prevention and control of vitamin A deficiency³. However, the implicit message which authors have tried to make in their manuscript that there is a need to link vitamin A supplementation with pulse polio immunization programme. They have justified by mentioning the experiences of the same in Chandigarh and Andhra Pradesh.

The Government of India had decided to delink vitamin A administration with pulse polio immunization due to lack of robust data on universal presence of deficiency of vitamin A amongst under five children⁴,⁵. It is not clear why the age group of 0-59 months was considered by the authors for assessment of VAD when WHO/UNICEF/IVACG (International Vitamin A Consultative Group) recommends inclusion of children in the age groups of 6-72 months⁶.

After more than a decade of implementation of pulse polio immunization (PPI) in the country under which three to five rounds are being conducted every year, there is a fatigue amongst health planners, administrators, workers and beneficiaries. To administer vitamin A with pulse polio immunization may not be an appropriate decision, in view of available scientific evidence.

In view of the high prevalence of anaemia (74%) amongst the under three children⁷, there is a need to improve the existing iron folic acid (IFA) supplementation programme for young children. The VAD is prevalent only in <5 per cent of the under five population usually in the children of low socio-economic group, living in poor surroundings and low dietary intake.

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References