

Denial of Vaccination to Children with Surgical Stomas - an Issue Need to be Addressed at Primary Health Care Level

Sisodiya RS^{1*}, Tomar A² and Ratan SK¹

¹Department of Pediatric Surgery, Maulana Azad Medical College, New Delhi, India

²Department of Community Medicine, Maulana Azad Medical College, New Delhi, India

*Corresponding author: Rajpal Singh Sisodiya, M.Ch., Senior Resident, Department of Pediatric Surgery, Maulana Azad Medical College, New Delhi, 110002, India, Tel: 9654811772, Fax: 9654811772, E-mail: sisodiyarajpalsingh@yahoo.in

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Short Communication

When India is striving hard for reducing the burden of Vaccine Preventable Diseases (VPDs) with high political commitment as seen by launch of Mission Indradhanush, there are certain circumstances of missed opportunities [1]. Ignorance or lack of knowledge of service providers at primary health care level sometimes leads to denial or delay of vaccination in children. One of these issue concerned is, children on surgically created stomas. This communication addresses such an issue faced by pediatric surgeons of tertiary care hospital in northern India.

With advancement in technology, diagnostic facilities and availability of tertiary health care facilities at several urban hospitals in India, there are various surgical procedures being done in pediatric population including neonates. Creation of stoma like ileostomy, colostomy, vesicostomy, ureterostomy, cervical esophagostomy, feeding gastrostomy, feeding jejunostomy and many others, are quiet frequent now. Due to unavailability of pediatric surgeon in many district or due to financial constraints, people sought treatment in government tertiary level hospitals. Many of these children remain on stoma for prolong period ranging from few months to 3 years and would be planned for reversal of stoma after a given period of time depending upon their disease. Meanwhile when they visit nearest health centers they were denied for vaccination with excuses like the child has a different route of passage for faeces/urine vaccination may aggravate his/her disease. Parents were advised to take the child to the hospital where s/he was operated. (Oh! is Bache ka to latrine/peshab ka rasta to

pet se hai agar isko tike lagange to iski bimary kahin badh na jaye aap jaha operation karvaya hai vanhi jao). These are the cases who report back to us seeking advice and often ask for written recommendation to continue usual vaccination schedule. At the same time we cannot ignore the possibilities of other few which due to financial or other issues may not come to hospital where they have received surgical treatment.

As many of these children are often malnourished, either due to their disease or poor socioeconomic background of family, hence becoming more prone to various VPDs. Also in some cases surgical morbidity may aggravate by certain VPDs.

Although these cases contribute very little to overall pediatric population but from viewpoint of a pediatric surgeon and for family of child it is a matter of serious concern. So it is very important to provide an insight to primary health care provider that these surgically created stomas are not at all contradiction to any vaccine [2-4]. Further, these children need timely vaccination for prevention against VPDs, reducing their surgical morbidity and it will certainly have a considerable socioeconomic impact.

References

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2. WHO (2004) Contraindications.
3. CDC (2016) Chart of Contraindications and Precautions to Commonly Used Vaccines.
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