VACCINOLOGY I

CENTRAL NERVOUS SYSTEM VACCINES

* Aniruddha Ghosh ** Ritabrata Kundu

Abstract: Vaccines preventing acute central nervous system infections are absolutely essential, because of the high mortality and morbidity associated with these infections. In many viral and bacterial infections, such as pneumococcus, Hemophilus influenzae, mumps, measles and varicella, central nervous system is involved. In this article three important vaccines such as Meningococcal vaccine, Japanese Encephalitis vaccine and Rabies vaccine are covered. Among these, rabies vaccine is also used both as pre and post exposure vaccine.

Keywords: *Meningococcal vaccine, Japanese encephalitis vaccine, Antirabies vaccine.*

Points to Remember

- Many bacterial or viral infections can lead to CNS infections or complications related to CNS.
- JE disease carries a high risk of mortality of around 30% and 30% to 40% of survivors suffer from long term neurological sequelae and morbidity, hence JE vaccination is essential for children and adolescents living in endemic areas.
- Because of the intense vaccination, strategies currently the incidence JE has been drastically reduced in the endemic states of India.
- Meningococcal vaccine has not been placed in the list of routine immunization. But is being used for specific purposes like travelling abroad.
- Antirabies vaccine has been used both as pre and post exposure vaccine. Site of vaccination is important and it is given in deltoid region as well as in the lateral aspect of thgh. It should never be given in the gluteal region.
- In class III exposure, rabies immunoglobulin or monoclonal antibody has to be given in addition to antirabies vaccine.
- Antirabies vaccine as ID injections required to be given only by trained personnel, in the deltoid, anterolateral thigh or suprascapular regions

References

- Leibovitch EC, Jacobson S. Vaccinations for neuroinfectious disease: A global health priority. Neurotherapeutics 2016; 13(3):562-570.
- Tiwari S, Singh RK, Tiwari R, Dhole TN. Japanese encephalitis: A review of the Indian perspective. Braz J Infect Dis 2012; 16:564-573.
- Tarantola A. Four thousand years of concepts relating to rabies in animals and humans, its prevention and its cure. Trop Med Infect Dis 2017; 2(2):5.
- Janowski AB, Hunstad DA. Viral meningoencephalitis. In: Kliegman RM, Geme III JW, Blum NJ, Shah SS, et al. Nelson Textbook of Pediatrics, 21st edn. Philadelphia: Elsevier; 2019; pp3232-3234.

^{*} Assistant Professor,

^{**} Professor, Department of Pediatrics, Institute of Child Health, Kolkata. email: rkundu22@gmail.com

Indian Journal of Practical Pediatrics

- Immunization Division Department of Family Welfare Ministry of Health and Family Welfare, Government of India. Control of Japanese Encephalitis. Operational Guide Japanese Encephalitis Vaccination in India. 2010; pp13-15. Available from: (https://nvbdcp.gov.in/Doc/JE-AES-Prevention-Control(NPPCJA).pdf Accessed 12 Oct, 2020)
- 6. World Health Organization. Japanese Encephalitis Vaccines: WHO position paper February 2015-Recommendations. Vaccine 2016; 34:302-303.
- Bista MB, Banerjee MK, Shin SH, Tandan JB, Kim MH, Sohn YM, et al. Efficacy of single-dose SA 14-14-2 vaccine against Japanese encephalitis: a case control study. Lancet 2001; 358:791-795.
- 8. American Academy of Pediatrics. Meningococcal Infections. In: Pickering LK, Baker CJ, Kimberlin DW, Long SS (Eds). Red Book: 2012 Report of the Committee on infectious Diseases. Elk Grove Village, IL: American Academy of Pediatrics; 2012; pp500-509.
- CDC. VPD surveillance manual, MacNeil J, Patton M. Chapter 8: Meningococcal Disease. [online] Available from: https://www.cdc.gov/vaccines/pubs/surv-manual/ chpt08-mening. pdf Last accessed on 16 September, 2020.
- Mani R, Pradhan S, Nagarathna S, Wasiulla R, Chandramuki A. Bacteriological profile of community acquired acute bacterial meningitis: a ten-year retrospective study in a tertiary neurocare centre in South India. Indian J Med Microbiol 2007; 25(2):108-114.

- Central Bureau of Health Intelligence. 2016. National Health Profile, India 2012-2016. Available from: www.cbhidghs.nic.in Last accessed on 16th September, 2020.
- World Health Organization (WHO). Global Advisory Committee on Vaccine Safety, 9-10 June 2005. Wkly Epidemiol Rec 2005; 80:242-243.
- Balasubramanian S, Shah A, Pemde HK, Chatterjee P, Shivananda S, Guduru V, et al. Indian Academy of Pediatrics (IAP) Advisory Committee on Vaccines and Immunization Practices (ACVIP) Recommended Immunization Schedule (2018-19) and Update on Immunization for Children Aged 0 Through 18 Years. Indian Pediatr 2018; 55(12):1066-1074.
- World Health Organization. Rabies vaccines: WHO Position Paper, April 2018 Recommendations. Vaccine 2018; 36:5500-5503.
- Ministry of Health and Family Welfare. Government of India. National Guidelines for Rabies Prophylaxis, 2019. National Rabies Control Programme. Available from: https://www.nhp.gov.in/disease/neurological/rabies accessed 13 October 2020.
- Rupprecht CE, Briggs D, Brown CM, Franka R, Katz SL, Kerr HD, et al. Use of a reduced (4-dose) vaccine schedule for postexposure prophylaxis to prevent human rabies: recommendations of the advisory committee on immunization practices. MMWR Recomm Rep 2010; 59(RR-2):1-9.