

## The evidence of mother to child transmission of hepatitis B virus infection in Pakistan and the need for hepatitis B immunization policy change

Huma Qureshi

Madam, thank you for sending the comments on my paper.

I totally agree to the comments of the reader but would like to add that that birth dose of hepatitis B is recommended by WHO for all countries having HBV prevalence of >2% and Pakistan is one of them. Looking into three points that the reader has highlighted, the cost of vaccine is not an issue as it costs less than 50 cents when you get it through GAVI (the co financing cost is also so low that GAVI does not want to give it as a GAVI vaccine and wants countries to buy it on their own- but this issue is being dealt internationally). There is no doubt that it is a life saving anti cancer vaccine and the success of China,

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Thailand and Hong Kong is a living example where now they are showing a decline in HCC incidence. The cost is never an issue when evaluating the need for a vaccine (as government has recently incorporated pneumococcal vaccine which is very expensive even when received through GAVI) but it is reduction in the burden of disease (terms of morbidity and mortality) which is important. For the issue of attaching it to the vaccination programme, it was initially attached to EPI but later due to pentavalent and quadrivalent vaccine, the birth dose was dropped. As BCG and polio are being given at birth, one can easily tag it with the EPI and same vaccinator can give birth dose. In some areas government is trying to use lady health workers to give vaccine as they have access to home delivered cases.

All one has to do is make all efforts to create a hype and awareness in the masses about the disease and its prevention and make it available at sites 24 hours so that public can get vaccination at time of their convenience.