# IN THE SUPREME COURT OF INDIA 

## (CIVIL ORIGINAL JURISDICTION)

WRIT PETITION (CIVIL) NO. 289 OF 2016

## IN THE MATTER OF:

S. SRINIVASAN
.... PETITIONER
VERSUS
UNION OF INDIA \& ORS.
...RESPONDENTS

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Prashaur Burblan
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COUNSEL FOR THE PETITIONERS 301, NEW LAWYERS CHAMBERS SUPREME COURT OF INDIA NEW DELHI 110001 CODE NO.: 515
NEW DEHI:
DATED: 20.07.2021

# IN THE SUPREME COURT OF INDIA <br> (CIVIL ORIGINAL JURISDICTION) <br> WRIT PETITION (CIVIL) NO. 289 OF 2016 

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S. SRINIVASAN

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## IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION
WRIT PETITION (CIVIL) NO. 289/ 2016
(PUBLIC INTEREST LITIGATION)

## IN THE MATTER OF:

S. Srinivasan
......Petitioners
Versus
Union of India \& Ors.

## ADDITIONAL AFFIDAVIT ON BEHALF OF THE PETITIONER

I, S.Srinivasan, aged 67 years, S/o Shri S. Sourirajan, Managing Trustee of LOCOST (Low Cost Standard Therapeutics), Vadodara, R/o 1 Tejas Apts, 53 Haribhakti Colony, Old Padra RD, Vadodara 390007 Gujarat, presently at Vadodara, do hereby solemnly state and affirm as under;

1. That I am the Petitioner in the aforementioned writ petition and being familiar with the facts and circumstances of the case, I am competent and fully authorized to swear this Affidavit.
2. That the Petitioner herein has filed the instant writ petition in public interest under Article 32 of the Constitution of India for the enforcement of rights under Article 14 and 21 of the Constitution of India seeking a writ directing the Respondents to make public the segregated data (centre-wise results) of the Rotavac clinical trial (phase III) that was conducted on 6799 infants at three centres namely Delhi, Pune and Vellore between 2011-2013 to gauge the safety and efficacy of the said vaccine with funding from the Government of India and so must be available under the Right to Information Act 2005.
3. That instead of providing the segregated data about the safety of the Randomised Control Trial as sought by the petitioner, the respondents had assured that they will carry out assessment of safety data at the Surveillance Stage. However, even in this, real surveillance of all vaccinated infants was not done. The respondents only observed cases of intussusception that came in a few selected hospitals and scrutinized if these infants with intussusception had received rotavirus vaccine. They looked at
intussusception in 3 weeks after vaccination as intussusceptions caused by vaccination.
4. That the misleading surveillance data has since been published in an article 'Intussusception after Rotavirus Vaccine Introduction in India' published in New England Journal of Medicine issue dated 12.11.2020. A copy of the Article published in NEJM dated 12.11.2020 is annexed herewith as Annexure P1 (page $\qquad$ to $\qquad$ ).
5. That the raw surveillance data used in the paper was received under RTI reply dated 11.12.2020. The data shows 589 infants who had come to hospital with intussusception were selected for self controlled case series analysis (SCCS). Out of 589, 212 infants had not received the vaccine and 377 infants had received at least one dose of the vaccine. A copy of the reply to the RTI dated 11.12 .2020 issued by Translational Health Science and Technology Institute is annexed herewith as Annexure P2 (page $\qquad$ to $\qquad$ ).
6. That Former Member of National Technical Advisory Group on Immunization in India (NTAGI), Dr. Jacob Puliyel studied the said data and determined that the data was misleadingly presented in the New England Journal of Medicine (NEJM).
7. That the surveillance data was analyzed and the following observations were made by Dr Puliyel in his letter to New England Journal of Medicine (NEJM):
"The SCCS compared a period when intussusceptions are usually low (3 weeks following immunization which is advised at 6,10 and 14 weeks of age) against a high susceptibility period which peaks between 20 weeks and 28 weeks. Unless intussusceptions in the low-risk period studied exceed the intussusceptions in the rest of the year, when the risk is higher, the safety signal is likely to be missed. This is a poor test of vaccine safety."
8. In other words, it is a known fact that majority of the cases of naturally occurring intussusception (not related to vaccine) occurs in infants after 4 months and such cases are not seen in infants below four months.

Without vaccination, intussusceptions are not expected in the period that were studied and all intussusceptions in this period must be attributed to vaccination.
9. That the analysis done by Dr Puliyel and sent to the NEJM demonstrates that the infants who got vaccinated, developed intussusception significantly earlier than unvaccinated infants showing that vaccine was causing the early intussusceptions.
10. That based on this data analysis there is clear indication that the administration of vaccine is leading to rise in the rate of early intussusception, as it's a side effect, in infants and the same observations with the data were sent to New England Journal of Medicine. The Editor of the journal subsequently demanded that the authors of the paper Dr. Gagandeep Kang give an explanation in light of the observations made by Dr. Puliyel. A copy of the letter dated 29.12.2020 sent to NEJM is annexed herewith as Annexure P3(page $\qquad$ to $\qquad$ ) \& Annexure P4(page $\qquad$ to $\qquad$ ).
11. That despite a passage of six months, there has been no satisfactory response from Dr. Kang. This is evidenced by the email sent by the Editor of the NEJM to Dr Puliyel. A copy of the email dated 20.05.2021 from NEJM to Dr. Puliyel is annexed herewith as Annexure P5(page $\qquad$ to $\qquad$ ).
12. That, in summary, the post-marketing surveillance data, actually shows vaccinated infants developing intussusception early, but it seems to have been misleadingly reported that there was no safety risk of the vaccine. When confronted with the data by the Editor of the NEJM, the respondents have not provided satisfactory explanation for nearly 6 months now.
13. That it is clear from the correspondence that the new surveillance data is not reassuring in the least, and the vaccine is causing early intussusception. A definitive answer to this question of how many safety of the vaccine can only be made by disclosing the data of the RCT as requested by the petitioner in the instant writ petition.
14. That the respondents by concealing the segregated randomized trial data (funded by Government funds and so mandatorily to be provided under RTI) has put the lives of millions at risk of intussusception and death.

That the present surveillance data set is inadequate to clearly examine by how much vaccination increases the incidence of intussusception. In order to know how many cases of intussusception are caused by vaccination, evidence from randomised controlled trial in a segregated manner is crucial. This matter concerns the safety of infants who are being put at serious risk by delays and concealment of the randomized trial data. It is imperative that independent scientists are able to objectively look at the data. Like in the matter of the misleading surveillance data published in the NEJM, review by independent scientists can pick
up errors that have been made intentionally or unintentionally. This can save lives of infants.

In view of the above, it is humbly prayed that segregated data as sought by the petitioner be provided at the earliest.


## VERIFICATION:

Verified at New Delhi on this 17 th of July 2021 that the contents of the above Affidavit are true and correct to my knowledge; that no part of it is false and that nothing material has been concealed therefrom.
Reg. Sr. No. M1 412
17 JUL 2021
Chiragkumar V. Patel
MOTARY
Government of india

Fnr Low Cost standard Therapeurics


## DEPONENT

Government of india


## ORIGINAL ARTICLE

# Intussusception after Rotavirus Vaccine Introduction in India 

S.N. Reddy, N.P. Nair, J.E. Tate, V. Thiyagarajan, S. Giri, I. Praharaj, V.R. Mohan,<br>S. Babji, M.D. Gupte, R. Arora, S. Bidari, S. Senthamizh, S. Mekala, K.B. Goru,<br>B. Reddy, P. Pamu, R.P. Gorthi, M. Badur, V. Mohan, S. Sathpathy, H. Mohanty, M. Dash, N.K. Mohakud, R.K. Ray, P. Mohanty, G. Gathwala, S. Chawla, M. Gupta, R. Gupta, S. Goyal, P. Sharma, M.A. Mathew, T.J.K. Jacob, B. Sundaram, G.K.C. Purushothaman, P. Dorairaj, M. Jagannatham, K. Murugiah, H. Boopathy, R. Maniam, R. Gurusamy, S. Kumaravel, A. Shenoy, H. Jain, J.K. Goswami, A. Wakhlu, V. Gupta, G. Vinayagamurthy, U.D. Parashar, and G. Kang


#### Abstract

BACKGROUND A three-dose, oral rotavirus vaccine (Rotavac) was introduced in the universal immunization program in India in 2016. A prelicensure trial involving 6799 infants was not large enough to detect a small increased risk of intussusception. Postmarketing surveillance data would be useful in assessing whether the risk of intussusception would be similar to the risk seen with different rotavirus vaccines used in other countries.


The authors' full names, academic degrees, and affiliations are listed in the Appendix. Address reprint requests to Dr. Kang at the Division of Gastrointestinal Sciences, Christian Medical College Vellore, Ida Scudder Rd., Vellore, Tamil Nadu 632004, India, or at gkang@ cmevellore.ac.in.

Drs. S.N. Reddy and Nair contributed equally to this article.

This is the New England Journal of Medicine version of record, which includes all Journal editing and enhancements. The Author Final Manuscript, which is the author's version after external peer review and before publication in the Journal, is available under a CC BY license at PMC7492078.

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## METHODS

We conducted a multicenter, hospital-based, active surveillance study at 27 hospitals in India. Infants meeting the Brighton level 1 criteria of radiologic or surgical confirmation of intussusception were enrolled, and rotavirus vaccination was ascertained by means of vaccination records. The relative incidence (incidence during the risk window vs. all other times) of intussusception among infants 28 to 365 days of age within risk windows of 1 to 7 days, 8 to 21 days, and 1 to 21 days after vaccination was evaluated by means of a self-controlled case-series analysis. For a subgroup of patients, a matched case-control analysis was performed, with matching for age, sex, and location.

RESULTS
From April 2016 through June 2019, a total of 970 infants with intussusception were enrolled, and 589 infants who were 28 to 365 days of age were included in the self-controlled case-series analysis. The relative incidence of intussusception after the first dose was $0.83(95 \%$ confidence interval [CI], 0.00 to 3.00) in the 1-to-7-day risk window and 0.35 ( $95 \% \mathrm{CI}, 0.00$ to 1.09 ) in the 8 -to-21-day risk window. Similar results were observed after the second dose (relative incidence, 0.86 [ $95 \% \mathrm{CI}, 0.20$ to 2.15 ] and 1.23 [ $95 \% \mathrm{CI}, 0.60$ to 2.10 ] in the respective risk windows) and after the third dose (relative incidence, 1.65 [ $95 \% \mathrm{CI}, 0.82$ to 2.64] and 1.08 [ $95 \%$ CI, 0.69 to 1.73], respectively). No increase in intussusception risk was found in the case-control analysis.

## CONCLUSIONS

The rotavirus vaccine produced in India that we evaluated was not associated with intussusception in Indian infants. (Funded by the Bill and Melinda Gates Foundation and others.)

POSTLICENSURE STUDIES OF ROTAVIRUS vaccines have shown varying risks of intussusception in different settings worldwide. The association of intussusception with rotavirus vaccination was identified in 1998, when RotaShield (Wyeth-Lederle Vaccines), the first licensed rotavirus vaccine, was withdrawn because of an increased risk of intussusception. ${ }^{1,2}$ Subsequent, large, prelicensure trials of the second-generation rotavirus vaccines Rotarix (GlaxoSmithKline Biologicals) and RotaTeq (Merck) did not show an increased risk of intussusception in clinical trials involving 65,000 to 70,000 infants. ${ }^{3,4}$ However, postmarketing surveillance of Rotarix in Australia, Brazil, England, Mexico, and the United States showed one to six excess cases of intussusception per 100,000 vaccinated children. ${ }^{5-10}$ Postmarketing surveillance of RotaTeq in Australia and the United States showed one to seven excess cases of intussusception per 100,000 vaccinated children. ${ }^{6,10}$

Despite the hypothesis that intussusception might be an adverse event associated with all rotavirus vaccines, ${ }^{11}$ the World Health Organization (WHO) recommended the introduction of rotavirus vaccine into childhood vaccination programs because the projected incidences of rotavirus infection and deaths due to diarrhea that were averted were greater than the incidence of additional intussusception, resulting in a favorable risk-benefit ratio. ${ }^{12}$ Recently, our understanding of the safety of rotavirus vaccination in specific populations was further informed by the finding that in seven low-income African countries and South Africa, where vaccine efficacy has been lower than that in high-income countries, there was no increased risk of intussusception after Rotarix vaccination. ${ }^{13,14}$

The vaccine we studied, Rotavac (Bharat Biotech International), is an oral monovalent, live, attenuated rotavirus vaccine that contains a naturally occurring bovine-human reassortant 116E strain (G9P[11]). ${ }^{15,16}$ The vaccine is administered in a three-dose series at 6,10 , and 14 weeks of age, concurrent with other childhood vaccines. It had an efficacy of $56 \%$ against severe rotavirus gastroenteritis in a multicenter, phase 3 clinical trial in India and was licensed in 2014. ${ }^{17}$ That trial, in which 6799 infants were randomly assigned in a $2: 1$ ratio to receive vaccine or placebo, was not large enough to detect a small increased risk of intussusception. ${ }^{17}$ This vaccine was introduced into the Universal Immunization

Programme of India ${ }^{18}$ in 4 states in 2016, in 5 additional states in 2017, in 1 additional state in 2018, and in 10 additional states in 2019. ${ }^{19}$ More than 100 million doses of vaccine have been administered to Indian infants.

There are limited background data on intussusception in India. Two studies have shown a general incidence of 18 intussusception cases per 100,000 infants and 20 cases per 100,000 infants. ${ }^{20,21}$ The Indian National Technical Advisory Group on Immunization and the WHO recommended the monitoring of vaccine safety after the introduction of the vaccine into the immunization program ${ }^{22}$; in response to this recommendation, we established the Indian Intussusception Surveillance Network. ${ }^{23}$ Because the vaccine on which we now report has been prequalified by the WHO, safety data are important for India, for the Gavi Alliance, and for countries considering the introduction of rotavirus vaccines.

## METHODS

## study sites

Active surveillance for intussusception was conducted at 27 participating hospitals (Table S1 in the Supplementary Appendix, available with the full text of this article at NEJM.org) that could carry out sentinel surveillance (called sentinel hospitals here) in 10 states in India in which half the population of India resides. Surveillance started in 4 states in April 2016 and was expanded concurrently with vaccine introduction. Detailed information about the methods is provided in the protocol, which has been published previously ${ }^{23}$ and is available at NEJM.org.

All the infants who were younger than 2 years of age and who met level 1 diagnostic certainty for intussusception according to the Brighton Collaboration criteria were eligible for recruitment as study participants. Level 1 criteria of the Brighton Collaboration require the confirmation of intussusception by radiologic findings (specifically, if the intussusception was reduced by pneumatic or hydrostatic methods or by contrast enema) or during surgery or at autopsy (Table S2). ${ }^{24}$ Surveillance staff completed paper casereport forms with information about patients' sociodemographic and clinical characteristics, treatment, and outcomes and obtained copies of ultrasonographic images and reports and treatment notes. Information about rotavirus vaccination status and a copy of the vaccination record
were obtained from the parents or guardians, and the dates of the first, second, and third vaccinations were recorded. For children who were unvaccinated or partially vaccinated, we contacted the child's health subcenter or primary health center to verify vaccination status.

We performed a matched case-control analysis that included a subgroup of patients with intussusception (case patients) and control infants, who were matched for age (date of birth within a window of $\pm 30$ days), sex, and location (same state of residence) and who had been admitted with illness unrelated to the gastrointestinal tract within 30 days before or after the admission of the matched case patient. Copies of the vaccination card and vaccination information were obtained for control infants as they were for the case patients. All case-report forms were sent to the central data management team at Christian Medical College Vellore and entered into an audit trail-enabled SQL database, in which data cleaning and query resolution from sites were managed and validated against documents for $10 \%$ of all the case-report forms.

## study oversight

This study was approved by the institutional review board of Christian Medical College Vellore and by the institutional ethics committees of all the participating hospitals. Written informed consent was obtained from the parents or guardians of all enrolled infants and control participants.

Three authors designed the study, two authors led the data acquisition with all the investigators and wrote the first draft of the manuscript, and four authors analyzed the data. The last author, who made the decision to submit the manuscript for publication, vouches for the accuracy of the data and for the fidelity of the study to the protocol.

## STATISTICAL ANALYSIS

We calculated that 160 case patients would need to be enrolled ${ }^{25}$ for the study to have $80 \%$ power to detect a relative incidence of 2 , within a 21-day risk window after the administration of any dose of vaccine, at a $5 \%$ level of significance; to detect a relative incidence of 2 after the first dose, the sample size was increased to 263 case patients. ${ }^{25}$ We used the self-controlled case-series method to assess the risk of intussusception after vac-
cine administration. We used conditional Poisson regression analysis to calculate the relative incidence by comparing the incidence in the risk windows (i.e., 1 to 7 days, 8 to 21 days, and 1 to 21 days after each dose of vaccine) with the incidence in all other observational periods (nonrisk periods) for each case patient, as required for self-controlled case-series analysis. ${ }^{23,26,27}$ We used the pseudolikelihood method ${ }^{27}$ to allow the contraindication of vaccination after an episode of intussusception, and event ascertainment was independent of vaccination status.

Considering the minimum and maximum ages at which rotavirus vaccine was administered, we restricted the analysis to children who were 28 to 365 days of age at the time of symptom onset. Children with a recurrent episode of intussusception were excluded from the study. Children with a verified vaccination history were included in the self-controlled case-series analysis, and children for whom vaccination history was based only on report from a parent or guardian or who had received a different rotavirus vaccine were excluded. Unvaccinated children were included in the analysis in order to adjust for the background incidence of intussusception according to age. Age was controlled in the model with the use of 14-day windows. The confidence interval estimates were derived by means of bootstrapping with 1000 iterations.

For all the children, we attempted follow-up at approximately 18 months of age. During fol-low-up, data were obtained regarding the vital status of the child (alive or dead), the incidence of repeat intussusception, and the receipt of additional doses of rotavirus vaccine after the intussusception.

The matched case-control analysis involved a subgroup of infants with intussusception from the self-controlled case-series analysis for whom matched control participants were enrolled. Rotavirus vaccination status with confirmed vaccination was needed for both the case patient and the matched control in order for the pair to be included. We used conditional logistic regression to assess the ratio of the odds that case patients and controls who were matched for age, sex, and location were vaccinated during the same risk window. A reference date was created for controls, which was the date on which the control participant was the same age as the re-
spective case patient at the time of symptom onset. Exposure to the vaccine with the first, second, or third dose in the risk windows of 1 to 7 days, 8 to 21 days, and 1 to 21 days before the reference date was determined. The matched odds ratios are reported as point estimates with 95\% confidence intervals.

In sensitivity analyses for both the self-controlled case-series analysis and the matched casecontrol analysis, we used the date of admission instead of the date of symptom onset. All the statistical analyses were performed with the use of Stata software, version 13.1 (StataCorp).

## RESULTS <br> CHARACTERISTICS AND CLINICAL FEATURES OF THE PATIENTS

A total of 970 children younger than 2 years of age with intussusception meeting the Brighton level 1 case definition were enrolled (Table S1). Of these, 258 children were excluded from the analysis because they were younger than 28 days of age or older than 365 days of age. Of the 712 children who were 28 to 365 days of age, 46 did not have a copy of the vaccination card and 40 had received a vaccine other than the one under study. Rotavirus vaccination status could not be verified by the health subcenter or primary health center for 37 children. Thus, 589 children with intussusception were included in the selfcontrolled case-series analysis (Fig. S1).

The median age of these 589 patients was 7 months (interquartile range, 5 to 9). Intussusception was more common among male infants than among female infants (ratio, 2:1). Blood in stools and vomiting were the most common symptoms (in 481 patients [82\%] and 438 patients [74\%], respectively). Other than constipation and blood in stools, there were no significant differences between vaccinated children and unvaccinated children. Ileocolic intussusception, which was seen in 498 children ( $85 \%$ ), was the most common type of intussusception; ileoileal intussusception was observed in 33 children ( $6 \%$ ). The treatment methods were hydrostatic or pneumatic reduction (in 200 children [34\%]), surgical reduction (in 321 [54\%]), and intestinal resection (in 68 [12\%]). There were six deaths; the case fatality rate was $1 \%$. (Details are provided in Tables S3 and S4.)

## VACCINE COVERAGE AND VACCINATION TIMING

Among these 589 children, 289 (49\%) had received all three doses of vaccine, 55 ( $9 \%$ ) had received two doses, and 33 ( $6 \%$ ) had received one dose; 212 children ( $36 \%$ ) had not received any dose of vaccine. The median ages of the patients at the administration of the first, second, and third doses were, respectively, 8 weeks (interquartile range, 7 to 9 ), 13 weeks (interquartile range, 12 to 14), and 18 weeks (interquartile range, 16 to 20). Of the 377 children who had received the first dose of rotavirus vaccine, 330 ( $88 \%$ ) had also received oral polio vaccine on the same day. Of the 344 and 289 children who had received the second and third doses of rotavirus vaccine, 300 ( $87 \%$ ) and 240 ( $83 \%$ ), respectively, had also received the second and third doses of oral polio vaccine on the same day. The third dose of vaccine is scheduled to be administered at 14 weeks of age, but children presented at a median age of 18 weeks, which overlapped with the peak age of intussusception (Fig. 1).

## FOLLOW-UP IN THE SELF-CONTROLLED CASE-SERIES ANALYSIS

We were able to recontact 455 of the 589 children at a median age of 16 months (interquartile range, 13 to 22). Of those 455 children, 8 (2\%) had a repeat episode of intussusception, and 7 (2\%) died after hospital discharge. The deaths occurred between 4 months and 15 months after discharge; none of the deaths were due to intussusception. Although further doses of the vaccine are contraindicated after intussusception by the manufacturer, parents or guardians reported that 22 of 300 children ( $7 \%$ ) who had not completed their rotavirus immunization series had received at least one dose of rotavirus vaccine after intussusception (Table S5).

## RISK OF INTUSSUSCEPTION AFTER VACCINATION

Self-Controlled Case-Series Analysis
After the first dose of vaccine, 2 cases of intussusception occurred in the risk window of 1 to 7 days after receipt of the vaccine and 2 cases in the risk window of 8 to 21 days. After the second dose of vaccine, 4 cases of intussusception occurred in the risk window of 1 to 7 days and 15 cases in the risk window of 8 to 21 days. After the third dose of vaccine, 15 cases occurred in the risk window of 1 to 7 days and 22


Figure 1. Age at Immunization and at Onset of Intussusception, April 2016 through June 2019.
Gray bars indicate the numbers of intussusception cases according to the age at symptom onset in the infants who were included in the self-controlled case-series analysis. Colored lines indicate the specified doses of rotavirus vaccine administered, according to the infants' age at immunization. Data are from 27 hospitals in 10 states in India.
cases in the risk window of 8 to 21 days (Fig. 2). The risk of intussusception in the 1-to-7-day window (relative incidence, 0.83 ; $95 \%$ confidence interval [CI], 0.00 to 3.00 ) and in the 8 -to-21-day window (relative incidence, 0.35 ; $95 \% \mathrm{CI}$, 0.00 to 1.09 ) after receipt of the first dose was not higher than the background risk. The risk of intussusception in the 1-to-7-day and 8-to-21-day windows after the second and third doses and the risk in the 1-to-21-day window after any dose were also not higher than the background risk (Table 1).

## Matched Case-Control Analysis

The case-control analysis included 162 patients with intussusception who were matched for age, sex, and location with control participants who had a recorded vaccination history (Fig. S2). The odds of intussusception in the 1-to-7-day risk window (matched odds ratio, 1.00; 95\% CI, 0.12 to 78.49 ) and in the 8 -to-21-day risk window (matched odds ratio, $0.00 ; 95 \%$ CI, 0.00 to 1.51) after the first dose did not differ significantly among case patients and control participants. Similarly, the odds of intussusception in the 1-to-7-day and the 8-to-21-day windows after the second and third doses, or in the 1-to-21-day window after any dose, did not differ signifi-
cantly among case patients and control participants (Table 2).

In analyses that used the date of admission instead of the date of symptom onset, the odds ratios did not differ significantly in all the risk windows in both the self-controlled case-series analysis and the matched case-control analysis (Tables S6 and S7). Similar risk estimates were also obtained with the self-controlled case-series analysis that was restricted to include only the 162 infants with intussusception who were included in the matched case-control analysis (Table S8).

## DISCUSSION

An increased risk of intussusception was not detected in any risk window after the receipt of any dose of the rotavirus vaccine under study (Rotavac) among children in India in either the self-controlled case-series analysis or the casecontrol analysis. The results of our postmarketing, active surveillance study provide evidence that there was no adverse safety signal associated with this vaccine in the Indian population.

Our findings differ from those of postlicensure studies of Rotarix or RotaTeq in high-income and middle-income countries that showed a low-


A Cases aftar Dose 1

Figure 2. Cases of Intussusception after Rotavirus Vaccine Dose Administration, April 2016 through June 2019.
Shown are the distributions of cases of intussusception during the 59 days after the administration of the first, second, and third doses of rotavirus vaccine. An additional 345 cases occurred more than 59 days after the first dose, an additional 265 cases occurred more than 59 days after the second dose, and an additional 181 cases occurred more than 59 days after the third dose.
level risk of intussusception after rotavirus vaccination. Studies from Australia, England, Mexico, Singapore, and the United States showed an increase in the risk of intussusception by a factor of 2.6 to 8.4 in the 21 days after any dose of Rotarix vaccination. ${ }^{6-10,28}$ Studies from Australia and the United States have shown that RotaTeq vaccination was associated with an increase in the risk of intussusception by a factor of 2.6 to 9 in the 21 days after vaccination. ${ }^{6,10}$ Conversely, our findings appear to be similar to reports from sub-Saharan Africa and South Africa that did not show an increased risk of intussusception after the administration of a different rotavirus vaccine (Fig. 3). ${ }^{13,14}$

There are no defined criteria on which the risk of intussusception among individual children or in populations can be predicted, although the wide variation in background rates of intussus-
ception indicate that there may be populationbased predictors. ${ }^{29}$ The earlier ages at which rotavirus vaccines are administered in low-income settings (at 6,10 , and 14 weeks), in contrast to the ages of vaccination in high-income countries (at 2, 4, and 6 months), may be one reason for this lack of association. In addition, the coadministration of rotavirus vaccine with oral poliovirus vaccine may decrease vaccine rotavirus replication in the intestinal epithelium, ${ }^{30}$ thus reducing the likelihood of triggering an intussusception. In Brazil, no increased risk of intussusception was found after the administration of the first dose of Rotarix vaccine, a situation in which the rotavirus vaccine was coadministered with oral polio vaccine. ${ }^{5}$ In our study, $88 \%, 87 \%$, and $83 \%$ of the infants received the first, second, and third doses, respectively, of rotavirus vaccine and oral polio vaccine on the same day,

Table 1. Relative Incidence of Intussusception in Risk Windows after the First, Second, and Third Doses of Rotavirus Vaccine.*

| Dose and Risk Window | No. of <br> Cases | Relative Incidence <br> (95\% CI) |
| :--- | :---: | :---: |
| Dose 1 | 2 | $0.83(0.00-3.00)$ |
| Days 1-7 | 2 | $0.35(0.00-1.09)$ |
| Days 8-21 | 4 | $0.52(0.08-1.27)$ |
| Days 1-21 | 4 | $0.86(0.20-2.15)$ |
| Dose 2 | 15 | $1.23(0.60-2.10)$ |
| Days 1-7 | 19 | $1.13(0.61-1.94)$ |
| Days 8-21 |  | $1.65(0.82-2.64)$ |
| Days 1-21 | 15 | $1.08(0.69-1.73)$ |
| Dose 3 | 22 | $1.24(0.81-1.82)$ |
| Days 1-7 | 37 |  |
| Days 8-21 |  |  |

* Shown is the relative incidence of intussusception in the risk windows after the first, second, and third doses of Rotavac vaccine in 589 Indian infants who were 28 to 365 days of age and who had a confirmed history of having received or not received rotavirus vaccination. Relative incidence was calculated by the self-controlled case-series method. Of the 589 children included in the analysis, 377 (64\%) had been vaccinated with one or more doses, and 212 (36\%) had not received any dose of the rotavirus vaccine under study. The date of intussusception was defined as the date of symptom onset.

Table 2. Matched Odds of Intussusception in Risk Windows after Rotavirus
Vaccination in Case-Control Pairs of Indian Infants.*

| Dose and Risk <br> Window | No. of <br> Cases | No. of <br> Controls | Matched Odds Ratio <br> $(95 \% ~ C I)$ |
| :--- | :---: | :---: | :---: |
| Dose 1 l-7 days | 1 | 1 | $1.00(0.12-78.49)$ |
| $8-21$ days | 1 | 5 | $0.00(0.00-1.51)$ |
| $1-21$ days | 2 | 6 | $0.00(0.00-1.51)$ |
| Dose 2 | 1 | 1 | $1.00(0.01-78.49)$ |
| $1-7$ days | 3 | 3 | $1.00(0.07-13.79)$ |
| $8-21$ days | 4 | 4 | $1.00(0.13-7.46)$ |
| $1-21$ days | 6 | 3 | $2.50(0.41-26.25)$ |
| Dose 3 | 7 | 7 | $1.00(0.26-3.74)$ |
| $1-7$ days | 13 | 10 | $1.40(0.49-4.42)$ |
| $8-21$ days | $1-21$ days |  |  |

* Shown are the matched odds of intussusception in the risk windows after the first, second, and third doses of rotavirus vaccine in 162 case-control pairs of Indian infants. The infants were matched for age, sex, and location and had a confirmed rotavirus vaccination history with the vaccine under study. The date of intussusception onset was defined as the date of symptom onset.
and no increased risk of intussusception was found after any dose.

The safety findings regarding the two different rotavirus vaccines in Africa ${ }^{13,14}$ and India (the current study) are interesting in the context of reduced vaccine performance in these geographic settings. The immunogenicity and efficacy of oral vaccines, including rotavirus vaccines, are lower in low-resource communities than in high-income countries. ${ }^{30,31}$ Factors, such as inhibition by higher levels of maternal antibodies in serum or breast milk and the coadministration of oral polio vaccine, that lower the effective titers of vaccine virus, thus reducing vaccine virus replication and hence immunogenicity, might also lower the risk of intussusception. Other factors, such as micronutrient deficiencies, malnutrition, environmental enteropathy, and early and constant exposure to other gut pathogens, are also proposed to affect mucosal and systemic responses to vaccination ${ }^{30-32}$ and could be responsible for the lower background and vaccine-associated intussusception rates in low-resource settings.

Our large, active surveillance study of intussusception, with high-quality countrywide data on intussusception and its management and consequences, including a case fatality rate, adds safety data to the literature on a relatively new vaccine that has been prequalified by the WHO. Death occurred in $1 \%$ of the Indian infants who were hospitalized with intussusception, whereas in a similar study in Africa, $12 \%$ of the children with intussusception died. ${ }^{13}$

Our study has certain limitations, which include the exclusion of $12 \%$ of eligible infants who had inconclusive evidence of vaccination, an inability of the study to assess an association between intussusception and nutritional status, and a lack of estimates of community-based incidence and case fatality rates. However, background rates of intussusception are not needed for a self-controlled case-series analysis because case patients act as their own control and were identified independent of their vaccination status. Given the large sample size, the study was adequately powered to detect small increases in risk in a 1 -week or 3 -week window after vaccination and showed none. A limitation of the case-control analysis is the relatively smaller size, because


Figure 3. Relative Incidence Estimates of Intussusception after Two Doses of Licensed Rotavirus Vaccine, According to Country.
The relative incidence estimates were calculated by means of self-controlled case-series analyses. Errors bars indicate $95 \%$ confidence intervals. Data from studies outside India are from previous studies. ${ }^{13,14}$ The seven countries in Africa were Ethiopia, Ghana, Kenya, Malawi, Tanzania, Zambia, and Zimbabwe. In South Africa, there were no cases of intussusception in the l-to-7-day risk window after the administration of the first dose.
control participants were enrolled for only a subgroup of case patients, and the analysis was adjusted for sex but not for other potential confounders. Nonetheless, the risk estimates from the self-controlled case-series analysis and the case-control analysis were similar except for the wider confidence intervals in the case-control analysis.

In this postmarketing, active surveillance study, we found that Rotavac, an oral rotavirus vaccine produced in India, was not associated with intussusception in the population studied.

The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC).

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No potential conflict of interest relevant to this article was reported.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

A data sharing statement provided by the authors is available with the full text of this article at NEJM.org.

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## APPENDIX

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To,
Dr. Jacob Puliyel,
Flat 6A, 7 Raj Narayan Marg,
Delhi-110054

Dear Dr. Puliyel,

Subject:- Information required under the RTI Act, 2005.
With reference to your RTI appeal received in this office on 23 rd November, 2020, the reply to the query is given below:-

The appellate authority has said that the data will be provided after it has been published in a peer reviewed journal. This is now published on 12 November 2020 in the NEJM.

I am enclosing postal orders for Rs. 38 (Rs, 40 actually) as stipulated in the order of the appellate authority quoted above.

Under the RTI request dated 30/12/19 forwarded to you No. Z. 33013/01/2020-IMM please provide me the following expeditiously.

Anonymised raw data on all 598 cases of Level 1 IS cases who received Rotavac/Rotasure in the Sentinel Surveillance by THSTI.
Reply: The information obtained from the Principal Investigator (PI) concerned is enclosed.
In case you are not satisfied with the reply given above, you may contact the appellate authority whose address is given below:-

Dr. Nisheeth Agarwal
Professor \& Appellate Authority
Translational Health Science and Technology Institute
NCR Biotech Science Cluster, 3rd Milestone,
Faridabad - Gurgaon Expressway, PO box \#04,
Faridabad -121001

Yours sincerely,

(Dr. Krishnamohan Atmakuri)
Assistant Professor \& PIO

| S.No | Date of birth | Date of 1st dose Rotavirus vaccine | Date of 2nd dose Rotavirus vaccine | Date of 3rd dose Rotavirus vaccine | Date of intussusception |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | 11/17/2018 | 12/22/2018 | 3/2/2019 |  | 3/30/2019 |
| 2 | 1/23/2017 |  |  |  | 8/30/2017 |
| 3 | 2/21/2017 |  |  |  | 6/18/2017 |
| 4 | 11/3/2018 |  |  |  | 6/4/2019 |
| 5 | 4/5/2016 |  |  |  | 3/1/2017 |
| 6 | 9/29/2017 | 12/14/2017 | 2/22/2018 | 3/22/2018 | 7/14/2018 |
| 7 | 2/19/2017 |  |  |  | 8/29/2017 |
| 8 | 3/17/2018 |  |  |  | 7/5/2018 |
| 9 | 1/23/2018 | 3/24/2018 | 4/24/2018 | 5/25/2018 | 8/26/2018 |
| 10 | 11/2/2017 |  |  |  | 2/21/2018 |
| 11 | 11/13/2016 |  |  |  | 10/10/2017 |
| 12 | 2/28/2017 |  |  |  | 8/15/2017 |
| 13 | 2/15/2017 |  |  |  | 8/9/2017 |
| 14 | 11/11/2017 | 1/10/2018 | 2/14/2018 | 3/14/2018 | 6/17/2018 |
| 15 | 9/27/2018 | 11/13/2018 | 1/5/2019 | 2/1/2019 | 3/31/2019 |
| 16 | 6/26/2017 | 8/16/2017 | 11/15/2017 | 1/3/2018 | 6/18/2018 |
| 17 | 4/19/2016 | 7/20/2016 | 8/17/2016 |  | 9/1/2016 |
| 18 | 10/16/2016 | 12/5/2016 | 1/9/2017 | 2/6/2017 | 4/14/2017 |
| 19 | 7/24/2017 | 9/20/2017 | 10/20/2017 | 11/22/2017 | 1/17/2018 |
| 20 | 4/18/2017 | 6/7/2017 | 7/15/2017 |  | 8/1/2017 |
| 21 | 9/1/2017 | 10/25/2017 | 12/13/2017 | 1/10/2018 | 1/13/2018 |
| 22 | 3/4/2019 | 4/18/2019 | 5/16/2019 |  | 6/24/2019 |
| 23 | 7/3/2017 |  |  |  | 11/22/2017 |
| 24 | 8/15/2018 | 10/1/2018 | 12/4/2018 |  | 12/26/2018 |
| 25 | 6/8/2015 |  |  |  | 6/6/2016 |
| 26 | 4/8/2018 | 5/23/2018 | 8/18/2018 | 10/3/2018 | 11/15/2018 |
| 27 | 11/12/2018 | 1/9/2019 | 2/13/2019 |  | 3/16/2019 |
| 28 | 4/17/2017 | 6/7/2017 | 7/5/2017 | 8/9/2017 | 9/26/2017 |
| 29 | 10/24/2016 | 12/28/2016 | 1/25/2017 | 2/22/2017 | 3/10/2017 |
| 30 | 10/3/2018 | 11/19/2018 | 12/19/2018 | 1/23/2019 | 5/2/2019 |
| 31 | 2/9/2016 | 4/6/2016 | 5/12/2016 | 6/1/2016 | 10/20/2016 |


| 32 | 3/22/2017 | 5/17/2017 | 6/28/2017 | 7/26/2017 | 8/11/2017 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 33 | 6/27/2017 | 8/17/2017 | 9/22/2017 | 10/26/2017 | 2/3/2018 |
| 34 | 5/2/2017 |  |  |  | 1/22/2018 |
| 35 | 3/6/2018 | 5/10/2018 | 6/14/2018 | 7/12/2018 | 12/16/2018 |
| 36 | 5/28/2017 | 7/12/2017 | 8/12/2017 | 9/27/2017 | 2/18/2018 |
| 37 | 7/8/2018 | 9/6/2018 | 10/20/2018 |  | 10/20/2018 |
| 38 | 3/7/2018 | 4/26/2018 | 7/3/2018 | 8/7/2018 | 1/11/2019 |
| 39 | 1/30/2017 | 4/5/2017 |  |  | 6/5/2017 |
| 40 | 6/12/2016 | 8/3/2016 | 10/5/2016 | 11/5/2016 | 11/19/2016 |
| 41 | 11/1/2017 |  |  |  | 4/25/2018 |
| 42 | 5/19/2018 |  |  |  | 11/4/2018 |
| 43 | 11/4/2018 | 12/20/2018 | 1/22/2019 | 2/22/2019 | 2/25/2019 |
| 44 | 10/16/2018 | 12/15/2018 | 1/9/2019 |  | 3/11/2019 |
| 45 | 12/21/2016 |  |  |  | 8/8/2017 |
| 46 | 4/19/2017 | 6/7/2017 | 7/5/2017 | 8/2/2017 | 10/2/2017 |
| 47 | 5/19/2016 | 7/6/2016 | 8/10/2016 | 9/14/2016 | 9/17/2016 |
| 48 | 10/23/2017 |  |  |  | 3/9/2018 |
| 49 | 2/12/2018 | 4/11/2018 | 5/2/2018 | 6/6/2018 | 7/24/2018 |
| 50 | 11/28/2017 | 1/18/2018 | 3/8/2018 | 4/5/2018 | 5/5/2018 |
| 51 | 10/18/2017 | 1/10/2018 | 2/14/2018 | 3/14/2018 | 3/14/2018 |
| 52 | 5/28/2016 | 8/3/2016 | 10/5/2016 | 11/23/2016 | 3/6/2017 |
| 53 | 8/8/2018 | 9/19/2018 | 10/17/2018 | 11/16/2018 | 2/9/2019 |
| 54. | 10/4/2018 | 4/11/2019 |  |  | 6/21/2019 |
| 55 | 10/11/2017 | 12/6/2017 | 1/17/2018 | 2/21/2018 | 9/8/2018 |
| 56 | 2/14/2018 |  |  |  | 1/10/2019 |
| 57 | 5/5/2017 |  |  |  | 3/16/2018 |
| 58 | 2/12/2018 | 4/4/2018 | 5/2/2018 | 6/6/2018 | 8/28/2018 |
| 59 | 10/17/2017 | 12/6/2017 | 1/24/2018 | 2/28/2018 | 3/9/2018 |
| 60 | 5/28/2017 | 7/18/2017 | 9/5/2017 | 10/3/2017 | 3/31/2018 |
| 61 | 6/10/2017 |  |  |  | 2/4/2018 |
| 62 | 5/9/2018 | 7/10/2018 | 8/23/2018 | 9/26/2018 | 12/6/2018 |
| 63 | 3/17/2017 |  |  |  | 12/27/2017 |
| 64 | 1/22/2017 |  |  |  | 11/24/2017 |


| 65 | 6/27/2017 |  |  |  | 10/5/2017 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 66 | 3/24/2019 | 5/16/2019 | 6/27/2019 |  | 7/14/2019 |
| 67 | 3/14/2017 | 5/3/2017 | 6/7/2017 | 7/21/2017 | 12/16/2017 |
| 68 | 10/15/2016 |  |  |  | 5/2/2017 |
| 69 | 1/1/2016 |  |  |  | 11/7/2016 |
| 70 | 12/13/2018 | 2/7/2019 | 3/7/2019 | 4/11/2019 | 7/19/2019 |
| 71 | 9/11/2018 | 11/1/2018 | 12/6/2018 | 2/7/2019 | 3/1/2019 |
| 72 | 8/12/2018 | 11/1/2018 |  |  | 2/7/2019 |
| 73 | 7/4/2018 | 8/23/2018 | 10/11/2018 |  | 2/5/2019 |
| 74 | 9/4/2018 | 10/17/2018 | 11/14/2018 | 12/19/2018 | 4/9/2019 |
| 75 | 10/8/2018 |  |  |  | 5/16/2019 |
| 76 | 8/17/2017 | 11/9/2017 | 12/14/2017 | 2/8/2018 | 3/27/2018 |
| 77 | 10/5/2016 | 12/14/2016 | 1/11/2017 | 2/8/2017 | 2/18/2017 |
| 78 | 12/19/2017 | 2/26/2018 | 3/27/2018 | 4/26/2018 | 7/13/2018 |
| 79 | 11/18/2017 | 1/2/2018 | 2/7/2018 | 3/7/2018 | 6/16/2018 |
| 80 | 12/16/2017 | 2/21/2018 | 4/18/2018 |  | 5/14/2018 |
| 81 | 12/8/2018 | 1/31/2019 | 3/7/2019 | 5/16/2019 | 6/21/2019 |
| 82 | 10/3/2018 | 11/24/2018 | 12/22/2018 | 1/25/2019 | 5/17/2019 |
| 83 | 5/22/2018 |  |  |  | 1/27/2019 |
| 84 | 1/23/2016 |  |  |  | 6/14/2016 |
| 85 | 10/25/2016 |  |  |  | 9/25/2017 |
| 86 | 4/5/2017 |  |  |  | 3/21/2018 |
| 87 | 9/3/2017 | 10/25/2017 | 11/22/2017 | 12/20/2017 | 4/16/2018 |
| 88 | 8/15/2016 | 10/19/2016 | 11/16/2016 | 12/21/2016 | 1/2/2017 |
| 89 | 7/10/2018 | 9/17/2018 | 10/15/2018 | 11/19/2018 | 4/29/2019 |
| 90 | 4/8/2016 |  |  |  | 11/3/2016 |
| 91 | 1/17/2017 | $3 / 8 / 2017$ | 4/12/2017 | 5/10/2017 | 6/29/2017 |
| 92 | 9/25/2018 | 11/15/2018 | 12/20/2018 | 1/24/2019 | 5/28/2019 |
| 93 | 10/18/2018 | 12/3/2018 | 1/4/2019 |  | 5/6/2019 |
| 94 | 4/21/2016 |  |  |  | 11/20/2016 |
| 95 | 7/3/2017 | 8/16/2017 | 9/13/2017 | 10/11/2017 | 2/4/2018 |
| 96 | 9/9/2017 | 11/2/2017 | 12/13/2017 | 1/10/2018 | 5/11/2018 |
| 97 | 6/29/2018 | 9/19/2018 | 10/17/2018 | 11/22/2018 | 1/19/2019 |


| 98 | 12/6/2017 | 1/17/2018 | 2/20/2018 | 3/21/2018 | 7/20/2018 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 99 | 5/8/2018 | 12/11/2018 |  |  | 2/2/2019 |
| 100 | 10/18/2017 | 11/16/2017 | 12/21/2017 | 1/18/2018 | 8/29/2018 |
| 101 | 7/5/2018 | 8/20/2018 | 9/20/2018 | 11/21/2018 | 11/27/2018 |
| 102 | 12/6/2017 | 1/24/2018 | 2/28/2018 | 3/28/2018 | 7/11/2018 |
| 103 | 10/10/2018 | 12/6/2018 | 1/3/2019 | 3/28/2019 | 6/15/2019 |
| 104 | 5/16/2017 |  |  |  | 3/5/2018 |
| 105 | 9/5/2017 | 11/15/2017 | 12/20/2017 | 1/17/2018 | 4/20/2018 |
| 106 | 12/8/2017 | 2/3/2018 | 3/7/2018 |  | 3/10/2018 |
| 107 | 8/12/2017 | 10/4/2017 | 11/4/2017 | 12/13/2017 | 2/6/2018 |
| 108 | 5/9/2017 |  |  |  | 2/7/2018 |
| 109 | 6/24/2016 | 8/17/2016 | 9/21/2016 | 10/19/2016 | 4/2/2017 |
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| 111 | 8/1/2018 |  |  |  | 5/26/2019 |
| 112 | 10/20/2017 |  |  |  | 8/11/2018 |
| 113 | 6/29/2017 | 8/28/2017 | 10/9/2017 |  | 1/26/2018 |
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| 115 | 6/3/2017 | 7/26/2017 | 8/30/2017 | 10/7/2017 | 2/4/2018 |
| 116 | 6/29/2017 | 9/6/2017 | 10/4/2017 | 11/1/2017 | 11/24/2017 |
| 117 | 5/15/2017 | 10/5/2017 |  |  | 12/11/2017 |
| 118 | 12/31/2016 |  |  |  | 10/26/2017 |
| 119 | 11/4/2018 | 1/2/2019 | 2/27/2019 | 3/28/2019 | 5/8/2019 |
| 120 | 9/22/2016 |  |  |  | 5/14/2017 |
| 121 | 12/20/2018 | 2/21/2019 | 3/22/2019 | 4/25/2019 | 6/27/2019 |
| 122 | 10/25/2018 | 12/12/2018 | 1/9/2019 | 2/13/2019 | 5/23/2019 |
| 123 | 5/31/2016 | 8/3/2016 | 9/7/2016 | 10/5/2016 | 5/29/2017 |
| 124 | 7/27/2017 |  |  |  | 3/5/2018 |
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| 131 | 8/15/2015 |  |  |  | 5/8/2016 |
| :---: | :---: | :---: | :---: | :---: | :---: |
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| 140 | 5/3/2017 | 7/11/2017 | 8/11/2017 | 9/11/2017 | 10/22/2017 |
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| 143 | 7/17/2017 | 10/5/2017 | 12/7/2017 | 1/4/2018 | 7/15/2018 |
| 144 | 10/18/2017 | 1/25/2018 | 3/22/2018 | 5/24/2018 | 6/3/2018 |
| 145 | 12/5/2017 | 2/8/2018 | 3/8/2018 | 4/12/2018 | 5/10/2018 |
| 146 | 10/31/2017 | 12/21/2017 | 1/18/2018 | 2/15/2018 | 6/1/2018 |
| 147 | 2/6/2016 |  |  |  | 9/12/2016 |
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| 151 | 10/3/2017 | 12/2/2017 | 2/2/2018 |  | 3/3/2018 |
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| 157 | 10/7/2018 |  |  |  | 5/1/2019 |
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| :---: | :---: | :---: | :---: | :---: | :---: |
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| 180 | 7/14/2018 | 9/19/2018 | 10/24/2018 | 12/5/2018 | 12/10/2018 |
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| 182 | 4/28/2016 | 9/14/2016 |  |  | 10/6/2016 |
| 183 | 8/25/2017 | 10/9/2017 | 11/6/2017 | 12/7/2017 | 2/4/2018 |
| 184 | 7/23/2017 |  |  |  | 4/20/2018 |
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| 186 | 12/29/2016 |  |  |  | 9/2/2017 |
| 187 | 10/5/2017 | 12/5/2017 |  |  | 6/16/2018 |
| 188 | 12/10/2018 | 1/29/2019 | 3/8/2019 | 4/24/2019 | 6/5/2019 |
| 189 | 6/27/2017 | 9/6/2017 | 10/4/2017 | 11/1/2017 | 11/6/2017 |
| 190 | 1/17/2018 | 3/14/2018 | 5/9/2018 | 6/13/2018 | 7/13/2018 |
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| :---: | :---: | :---: | :---: | :---: | :---: |
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| 213 | 1/23/2019 |  |  |  | 4/20/2019 |
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| 215 | 11/27/2018 |  |  |  | 4/23/2019 |
| 216 | 9/5/2018 | 10/24/2018 | 11/29/2018 | 12/26/2018 | 2/11/2019 |
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| 218 | 4/26/2018 |  |  |  | 10/16/2018 |
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| 222 | 4/17/2017 | 6/14/2017 | 7/12/2017 | 9/13/2017 | 11/28/2017 |
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| 228 | 8/31/2017 | 10/25/2017 | 11/29/2017 |  | 12/16/2017 |
| 229 | 9/18/2017 |  |  |  | 6/6/2018 |


| 230 | 4/25/2017 | 6/16/2017 | 7/16/2017 | 8/31/2017 | 9/1/2017 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 231 | 6/26/2017 | 8/2/2017 | 9/5/2017 | 10/16/2017 | 6/8/2018 |
| 232 | 10/18/2016 | 12/21/2016 | 1/13/2017 | 2/15/2017 | 6/26/2017 |
| 233 | 9/16/2017 |  |  |  | 4/30/2018 |
| 234 | 9/20/2016 | 11/9/2016 | 12/14/2016 | 1/11/2017 | 3/20/2017 |
| 235 | 10/10/2016 | 11/23/2016 | 12/28/2016 | 1/25/2017 | 3/5/2017 |
| 236 | 10/6/2017 |  |  |  | 7/2/2018 |
| 237 | 3/23/2017 |  |  |  | 9/23/2017 |
| 238 | 1/15/2018 | 2/21/2018 | 3/21/2018 |  | 3/26/2018 |
| 239 | 12/3/2017 |  |  |  | 4/13/2018 |
| 240 | 11/14/2016 | 2/15/2017 | 2/18/2017 | 3/18/2017 | 6/6/2017 |
| 241 | 12/30/2017 | 2/21/2018 | 4/4/2018 | 5/9/2018 | 7/22/2018 |
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| :---: | :---: | :---: | :---: | :---: | :---: |
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| 268 | 1/12/2018 | 2/28/2018 | 3/28/2018 | 4/25/2018 | 10/3/2018 |
| 269 | 10/27/2016 | 1/4/2017 | 2/1/2017 | 3/1/2017 | 3/1/2017 |
| 270 | 11/2/2017 | 12/19/2017 | 1/20/2018 |  | 2/15/2018 |
| 271 | 8/28/2016 | 10/19/2016 | 11/16/2016 | 12/21/2016 | 1/25/2017 |
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| 279 | 1/4/2016 | 4/27/2016 | 5/28/2016 |  | 6/20/2016 |
| 280 | 3/4/2018 | 4/18/2018 | 5/16/2018 | 6/20/2018 | 8/20/2018 |
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| 287 | 9/22/2016 |  |  |  | 6/24/2017 |
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| 289 | 6/2/2017 | 7/19/2017 | 9/6/2017 | 11/8/2017 | 1/11/2018 |
| 290 | 11/29/2018 | 1/16/2019 | 2/20/2019 | 3/27/2019 | 4/26/2019 |
| 291 | 6/1/2018 |  |  |  | 9/30/2018 |
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| 293 | 3/15/2016 | 6/22/2016 | 8/24/2016 | 10/24/2016 | 1/17/2017 |
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| 296 | 6/12/2017 | 8/28/2017 | 10/1/2017 | 11/1/2017 | 3/15/2018 |
| :---: | :---: | :---: | :---: | :---: | :---: |
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| 326 | 11/9/2018 | 1/2/2019 | 2/6/2019 | 3/13/2019 | 4/23/2019 |
| 327 | 12/8/2017 | 1/31/2018 | 2/28/2018 | 3/28/2018 | 4/7/2018 |
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| :---: | :---: | :---: | :---: | :---: | :---: |
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| 367 | 6/12/2018 |  |  |  | 1/22/2019 |
| 368 | 6/16/2017 |  |  |  | 3/21/2018 |
| 369 | 8/11/2017 | 9/27/2017 | 10/25/2017 | 12/6/2017 | 6/16/2018 |
| 370 | 8/9/2018 |  |  |  | 5/26/2019 |
| 371 | 4/6/2016 | 5/18/2016 | 6/22/2016 |  | 3/30/2017 |
| 372 | 7/2/2018 | $9 / 12 / 2018$ | 11/10/2018 | 1/23/2019 | 2/17/2019 |
| 373 | 7/4/2018 | 9/19/2018 | 10/17/2018 | 11/22/2018 | 1/2/2019 |
| 374 | 5/4/2017 |  |  |  | 1/7/2018 |
| 375 | 4/19/2016 | 6/18/2016 | 7/23/2016 | 8/20/2016 | 1/8/2017 |
| 376 | 11/3/2017 | 12/19/2017 | 1/30/2018 | 3/3/2018 | 6/5/2018 |
| 377 | 10/19/2018 | 12/12/2018 | 3/13/2019 | 4/10/2019 | 5/19/2019 |
| 378 | 2/15/2018 | 4/4/2018 | 5/2/2018 | 6/6/2018 | 8/23/2018 |
| 379 | 5/26/2017 |  |  |  | 5/3/2018 |
| 380 | 4/19/2017 |  |  |  | 10/5/2017 |
| 381 | 10/25/2016 |  |  |  | 9/18/2017 |
| 382 | 11/4/2018 | 12/19/2018 | 1/23/2019 | 2/27/2019 | 6/5/2019 |
| 383 | 8/19/2017 |  |  |  | 6/19/2018 |
| 384 | 6/28/2016 |  |  |  | 4/5/2017 |
| 385 | 7/27/2017 |  |  |  | 1/16/2018 |
| 386 | 1/11/2019 | 4/3/2019 |  |  | 4/11/2019 |
| 387 | 5/13/2018 | 6/27/2018 | 8/1/2018 | 9/5/2018 | 11/9/2018 |
| 388 | 4/15/2018 | 6/5/2018 |  |  | 12/8/2018 |
| 389 | 10/7/2017 |  |  |  | 10/3/2018 |
| 390 | 2/4/2018 | 4/19/2018 | 5/24/2018 | 6/28/2018 | 7/26/2018 |
| 391 | 3/20/2017 | 5/13/2017 | 7/12/2017 |  | 10/8/2017 |
| 392 | 2/27/2018 |  |  |  | 2/1/2019 |
| 393 | 9/7/2018 |  |  |  | 2/16/2019 |
| 394 | 11/19/2017 |  |  |  | 11/4/2018 |

$\left.\begin{array}{|r|r|r|r|r|r|}\hline 395 & 10 / 15 / 2018 & 12 / 5 / 2018 & & 1 / 2 / 2019 & \\ \hline 396 & 11 / 16 / 2017 & & & & 6 / 18 / 2019\end{array}\right)$

| 428 | 12/23/2016 |  |  |  | 8/23/2017 |
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| 429 | 3/11/2017 | 5/6/2017 | 6/3/2017 | 7/1/2017 | 2/10/2018 |
| 430 | 8/10/2018 | 9/26/2018 | 10/31/2018 | 11/28/2018 | 12/20/2018 |
| 431 | 7/26/2017 | 12/21/2017 | 1/25/2018 | 2/21/2018 | 7/1/2018 |
| 432 | 6/22/2016 |  |  |  | 1/20/2017 |
| 433 | 3/1/2017 |  |  |  | 8/2/2017 |
| 434 | 11/26/2017 | 1/17/2018 | 2/28/2018 | 3/21/2018 | 6/19/2018 |
| 435 | 10/13/2017 | 12/8/2017 | 1/12/2018 | 2/21/2018 | 2/27/2018 |
| 436 | 12/30/2017 | 3/8/2018 | 4/4/2018 | 5/5/2018 | 8/27/2018 |
| 437 | 4/22/2017 |  |  |  | 12/29/2017 |
| 438 | 7/18/2016 | 9/28/2016 | 10/26/2016 | 11/23/2016 | 3/31/2017 |
| 439 | 3/4/2016 | 4/17/2016 | 6/23/2016 | 8/4/2016 | 1/1/2017 |
| 440 | 11/11/2017 |  |  |  | 2/20/2018 |
| 441 | 4/18/2016 |  |  |  | 3/21/2017 |
| 442 | 7/11/2017 |  |  |  | 3/31/2018 |
| 443 | 11/25/2017 | 1/17/2018 | 2/28/2018 | 3/28/2018 | 9/11/2018 |
| 444 | 12/27/2017 | 2/18/2018 | 3/19/2018 | 4/19/2018 | 7/7/2018 |
| 445 | 8/2/2017 |  |  |  | 3/25/2018 |
| 446 | 11/23/2016 | 12/28/2016 | 1/28/2017 | 3/1/2017 | 7/8/2017 |
| 447 | 8/25/2018 | 10/10/2018 | 11/21/2018 | 12/26/2018 | 4/15/2019 |
| 448 | 7/23/2017 |  |  |  | 10/29/2017 |
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| 451 | 9/27/2018 | 11/16/2018 | 12/19/2018 | 2/6/2019 | 5/30/2019 |
| 452 | 7/9/2016 | 9/21/2016 | 11/9/2016 | 12/21/2016 | 5/15/2017 |
| 453 | 1/14/2018 |  |  |  | 6/5/2018 |
| 454 | 11/21/2017 | 1/17/2018 | 2/21/2018 | 3/21/2018 | 4/26/2018 |
| 455 | 7/25/2018 | 9/20/2018 | 10/25/2018 | 12/5/2018 | 5/22/2019 |
| 456 | 8/25/2017 |  |  |  | 5/5/2018 |
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| 458 | 3/18/2018 | 5/2/2018 | 6/13/2018 | 7/11/2018 | 10/9/2018 |
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| 461 | 11/9/2017 | 2/21/2018 | 3/21/2018 |  | 4/4/2018 |
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| 462 | 1/15/2018 | 3/6/2018 | 4/4/2018 | 5/2/2018 | 6/30/2018 |
| 463 | 8/8/2017 | 10/4/2017 | 11/8/2017 |  | 2/28/2018 |
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| 466 | 7/29/2017 |  |  |  | 1/20/2018 |
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| 499 | 5/7/2018 |  |  |  | 4/3/2019 |
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| 501 | 8/9/2018 |  |  |  | 3/24/2019 |
| 502 | 3/19/2018 | 5/7/2018 | 6/8/2018 | 7/8/2018 | 7/24/2018 |
| 503 | 7/1/2016 |  |  |  | 2/26/2017 |
| 504 | 8/5/2016 |  |  |  | 11/22/2016 |
| 505 | 7/3/2017 |  |  |  | 10/31/2017 |
| 506 | 2/27/2018 | 5/10/2018 | 6/14/2018 | 7/12/2018 | 11/22/2018 |
| 507 | 10/7/2017 |  |  |  | 5/10/2018 |
| 508 | 5/8/2018 | 7/4/2018 | 8/1/2018 | 10/3/2018 | 1/6/2019 |
| 509 | 3/13/2017 | 5/5/2017 | 6/9/2017 | 7/10/2017 | 2/24/2018 |
| 510 | 10/13/2016 |  |  |  | 4/22/2017 |
| 511 | 4/3/2017 |  |  |  | 2/10/2018 |
| 512 | 10/26/2017 | 2/14/2018 |  |  | 7/15/2018 |
| 513 | 11/27/2018 | 1/23/2019 | 3/6/2019 | 4/3/2019 | 6/14/2019 |
| 514 | 1/29/2018 | 3/14/2018 | 4/11/2018 | 5/16/2018 | 6/26/2018 |
| 515 | 11/26/2017 | 2/1/2018 | 3/8/2018 | 5/10/2018 | 5/12/2018 |
| 516 | 8/5/2016 |  |  |  | 4/14/2017 |
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| 518 | 2/2/2018 | 4/4/2018 | 5/23/2018 |  | 8/13/2018 |
| 519 | 6/6/2018 | 7/28/2018 | 8/25/2018 | 9/28/2018 | 3/28/2019 |
| 520 | 11/16/2017 | 1/10/2018 | 2/14/2018 |  | 4/23/2018 |
| 521 | 7/26/2017 | 9/13/2017 | 10/12/2017 | 11/13/2017 | 12/10/2017 |
| 522 | 6/20/2018 | 8/3/2018 |  |  | 11/13/2018 |
| 523 | 5/15/2018 |  |  |  | 4/22/2019 |
| 524 | 11/6/2018 |  |  |  | 5/12/2019 |
| 525 | 2/16/2017 | 4/20/2017 | 5/18/2017 | 7/20/2017 | 11/22/2017 |
| 526 | 2/17/2017 |  |  |  | 10/29/2017 |


| 527 | 8/30/2018 | 11/5/2018 | 12/5/2018 | 1/16/2019 | 2/9/2019 |
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| 528 | 10/6/2017 |  |  |  | 4/11/2018 |
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| 530 | 12/4/2015 |  |  |  | 10/16/2016 |
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| 532 | 3/17/2018 | 5/5/2018 | 6/6/2018 | 7/18/2018 | 9/22/2018 |
| 533 | 8/12/2018 |  |  |  | 3/2/2019 |
| 534 | 8/1/2017 | 9/21/2017 | 10/26/2017 | 12/7/2017 | 1/14/2018 |
| 535 | 2/7/2017 | 4/13/2017 | 5/14/2017 | 7/24/2017 | 12/9/2017 |
| 536 | 7/10/2017 | 8/23/2017 | 9/27/2017 | 10/25/2017 | 12/21/2017 |
| 537 | 11/16/2016 |  |  |  | 10/24/2017 |
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| 539 | 12/28/2017 |  |  |  | 3/24/2018 |
| 540 | 5/20/2017 | 8/21/2017 |  |  | 10/27/2017 |
| 541 | 10/26/2017 | 12/13/2017 |  |  | 12/18/2017 |
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| 543 | 3/10/2019 |  |  |  | 4/27/2019 |
| 544 | 2/15/2016 | 4/12/2016 | 5/18/2016 | 6/14/2016 | 1/11/2017 |
| 545 | 4/29/2017 |  |  |  | 2/7/2018 |
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| 547 | 2/9/2018 | 4/4/2018 | 5/2/2018 | 6/6/2018 | 6/20/2018 |
| 548 | 1/20/2018 | 3/14/2018 | 5/19/2018 | 6/16/2018 | 8/16/2018 |
| 549 | 1/16/2018 |  |  |  | 3/1/2018 |
| 550 | 9/16/2018 | 12/10/2018 | 1/5/2019 |  | 1/6/2019 |
| 551 | 6/20/2017 |  |  |  | 3/14/2018 |
| 552 | 1/12/2018 |  |  |  | 3/21/2018 |
| 553 | 10/14/2017 |  |  |  | 3/31/2018 |
| 554 | 12/3/2017 | 1/24/2018 | 2/28/2018 |  | 3/10/2018 |
| 555 | 4/8/2017 |  |  |  | 12/19/2017 |
| 556 | 7/17/2018 |  |  |  | 1/11/2019 |
| 557 | 3/18/2017 | 10/23/2017 |  |  | 1/22/2018 |
| 558 | 10/5/2018 | 12/12/2018 | 1/12/2019 |  | 1/29/2019 |
| 559 | 10/8/2017 | 11/24/2017 | 12/28/2017 | 1/25/2018 | 3/14/2018 |


| 560 | 9/4/2016 | 10/13/2016 | 12/10/2016 |  | 12/12/2016 |
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| 561 | 1/2/2017 | 2/23/2017 |  |  | 3/27/2017 |
| 562 | 8/1/2017 | 9/19/2017 | 10/18/2017 |  | 12/5/2017 |
| 563 | 4/3/2018 | 5/28/2018 | 6/28/2018 | 8/2/2018 | 9/17/2018 |
| 564 | 5/15/2018 | 7/7/2018 | 8/18/2018 |  | 10/16/2018 |
| 565 | 10/7/2018 | 12/6/2018 | 1/9/2019 | 2/14/2019 | 5/10/2019 |
| 566 | 7/6/2018 | 8/22/2018 | 9/24/2018 | 10/24/2018 | 3/20/2019 |
| 567 | 5/16/2018 | 7/11/2018 | 8/8/2018 |  | 10/19/2018 |
| 568 | 10/3/2017 |  |  |  | 5/3/2018 |
| 569 | 4/5/2018 | 6/13/2018 | 7/11/2018 | 8/8/2018 | 9/13/2018 |
| 570 | 2/10/2017 | 3/26/2017 | 4/29/2017 | 5/30/2017 | 9/26/2017 |
| 571 | 2/16/2017 |  |  |  | 9/15/2017 |
| 572 | 1/7/2019 | 3/20/2019 | 4/17/2019 | 5/15/2019 | 6/18/2019 |
| 573 | 7/7/2016 | 9/3/2016 | 10/4/2016 |  | 10/13/2016 |
| 574 | 4/27/2018 |  |  |  | 10/13/2018 |
| 575 | 11/7/2015 |  |  |  | 6/9/2016 |
| 576 | 2/8/2017 | 4/5/2017 | 5/6/2017 | 6/3/2017 | 1/4/2018 |
| 577 | 11/24/2018 | 3/8/2019 | 4/12/2019 | 6/14/2019 | 7/3/2019 |
| 578 | 2/20/2018 | 4/26/2018 | 5/24/2018 | 6/21/2018 | 7/18/2018 |
| 579 | 10/8/2016 | 12/3/2016 | 2/3/2017 | 3/15/2017 | 5/20/2017 |
| 580 | 6/23/2016 | 9/3/2016 | 10/1/2016 | 11/5/2016 | 11/6/2016 |
| 581 | 12/11/2018 |  |  |  | 2/13/2019 |
| 582 | 10/22/2016 |  |  |  | 1/19/2017 |
| 583 | 5/26/2017 |  |  |  | 5/20/2018 |
| 584 | 5/2/2017 | 6/19/2017 | 7/20/2017 | 8/25/2017 | 12/29/2017 |
| 585 | 9/24/2017 |  |  |  | 5/4/2018 |


| 586 | $9 / 11 / 2018$ | $11 / 7 / 2018$ | $12 / 9 / 2018$ | $1 / 2 / 2019$ |  |
| ---: | ---: | ---: | ---: | ---: | ---: |
| 587 | $7 / 4 / 2018$ | $8 / 21 / 2018$ | $9 / 26 / 2018$ |  | $2 / 14 / 2019$ |
| 588 | $12 / 22 / 2018$ | $2 / 6 / 2019$ | $3 / 13 / 2019$ |  | $10 / 15 / 2018$ |
| 589 | $6 / 6 / 2017$ | $9 / 27 / 2017$ |  |  | $6 / 5 / 2019$ |

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## ANNEXURE: P3

Regarding my earlier letter to the Editor (manuscript ID is 20-33556):
One year before the recent publication on the rotavirus vaccine in the NEJM (1), the authors had published a White Paper using the same data (2). Under the Indian 'Right to Information Act 2005', I have now been provided with the dataset from the study and a scanned copy is attached. Analysis of the data used in the self-controlled case-series casts a shadow of doubt on the assertion that 'oral rotavirus vaccine produced in India, was not associated with intussusception in the population studied.'

Among the 589 infants selected for the self-controlled case-series analysis (SCCS), 212 had not received the vaccine and 377 received at least one dose of the vaccine. The SCCS compared a period when intussusceptions are usually low (3 weeks following immunization which is advised at 6,10 and 14 weeks of age) against a high susceptibility period which peaks between 20 weeks and 28 weeks (3). Unless intussusceptions in the low-risk period studied exceed the intussusceptions in the rest of the year, when the risk is higher, the safety signal is likely to be missed. This is a poor test of vaccine safety.

If vaccination is merely a coincidental event and it does not disturb the normal incidence of intussusceptions in the population, the mean age of intussusception would be the same in the vaccinated and the unvaccinated. We found that there was a significant lowering of the mean age intussusception among the vaccinated [- 205.4 days (SD 65.8) compared to 223.3 days (SD 74.1) in the unvaccinated (95\% CI 29.5 to $-6.3 p=0.003$ ) (Data in Excel sheets attached and can be used as supplementary file)]

It is not unreasonable to surmise that vaccination may have been responsible for early intussusceptions which caused the shift in the mean age of intussusception. The data-set does not allow us to examine whether vaccination increases the incidence of intussusception. It is possible that vaccination merely lowered the age of developing intussusception among those susceptible to it. To be able to say if there is an increase in intussusception caused by the vaccine, evidence from randomized control trials are needed. Data from an RCT using this vaccine in Vellore India has not been made available yet (4). It is hoped that this will be published immediately, as it concerns the safety of infants. The Indian rotavirus vaccine is a relatively inexpensive vaccine
and the NEJM paper is likely to be used for applying for more international licenses for use of this vaccine in developing countries with a paucity of facilities to diagnose and treat intussusceptions.

The data utilized here was provided to me by the authors after I had sent you the earlier letter. This submission is different from what was previously submitted and it is outside the 3 -week deadline for responses. I will be grateful for an early decision on the suitability of this material (after editing) for publication in the NEJM.

Jacob Puliyel MD
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Prashaur Bumshan

## ANNEXURE: P4





| 160 | 5/14/2018 | 8/6/2018 | 84 | 9/6/2018 | 1151 | 10/13/2018 | 152 | 12/20/2018 | 220 | 136 | 105 | 68 | 68 |  | 220 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 161 | 4/18/2018 |  |  |  |  |  |  | 9/26/2018 | 161 | 161 |  |  |  | 161 |  |  |  |  |  |  |
| 162 | 9/16/20181 | 11/21/2018 | 66 | 12/18/2018 | 93 | 1/16/2019 | 122 | 3/14/2019 | 179 | 113 | 86 | 57 | 57 |  | 179 |  |  |  |  |  |
| 163 | 10/11/2015 |  |  |  |  |  |  | 7/18/2016 | 281 | 281 |  |  |  | 281 |  |  |  |  |  |  |
| 164 | 5/19/2016 |  |  |  |  |  |  | 1/7/2017 | 233 | 233 |  |  |  | 233 |  |  |  |  |  |  |
| 165 | 5/28/2018 | 7/18/2018 | 51 | 8/29/2018 | 93 | 9/21/2018 | 116 | 9/21/2018 | 116 | 65 | 23 | 0 | 0 |  | 116 |  |  |  |  |  |
| 166 | 2/15/2017 |  |  |  |  |  |  | 9/25/2017 | 222 | 222 |  |  |  | 222 |  |  |  |  |  |  |
| 167 | 9/29/20171 | 11/15/2017 | 47 |  |  |  |  | 2/4/2018 | 128 | 81 |  |  | 81 |  | 128 |  |  |  |  |  |
| 168 | 9/1/2017 |  |  |  |  |  |  | 6/24/2018 | 296 | 296 |  |  |  | 296 |  |  |  |  |  |  |
| 169 | 7/15/2018 |  |  |  |  |  |  | 12/9/2018 | 147 | 147 |  |  |  | 147 |  |  |  |  |  |  |
| 170 | 1/19/2017 |  |  |  |  |  |  | 8/15/2017 | 208 | 208 |  |  |  | 208 |  |  |  |  |  |  |
| 171 | 3/12/2017 | 5/3/2017 | 52 | 6/21/2017 | 101 |  |  | 6/30/2017 | 110 | 58 | 9 |  | 9 |  | 110 |  |  |  |  |  |
| 172 | 7/9/2018 |  |  |  |  |  |  | 11/25/2018 | 139 | 139 |  |  |  | 139 |  |  |  |  |  |  |
| 173 | 10/29/2017 | 1/6/2018 | 69 | 2/3/2018 | 97 | 3/3/2018 | 125 | 5/16/2018 | 199 | 130 | 102 | 74 | 74 |  | 199 |  |  |  |  |  |
| 174 | 5/8/2017 | 6/21/2017 | 44 | 7/19/2017 | 72 | 8/16/2017 | 100 | 10/4/2017 | 149 | 105 | 77 | 49 | 49 |  | 149 |  |  |  |  |  |
| 175 | 8/18/20171 | 11/10/2017 | 84 | 12/11/2017 | 115 | 1/10/2018 | 145 | 3/29/2018 | 223 | 139 | 108 | 78 | 78 |  | 223 |  |  |  |  |  |
| 176 | 10/11/2018 |  |  |  |  |  |  | 3/21/2019 | 161 | 161 |  |  |  | 161 |  |  |  |  |  |  |
| 177 | 6/13/2018 | 8/1/2018 | 49 | 9/5/2018 |  | 10/10/2018 | 119 | 12/28/2018 | 198 | 149 | 114 | 79 | 79 |  | 198 |  |  |  |  |  |
| 178 | 10/29/20161 | 12/14/2016 | 46 | 1/11/2017 | 74 | 4/7/2017 | 160 | 6/21/2017 | 235 | 189 | 161 | 75 | 75 |  | 235 |  |  |  |  |  |
| 179 | 12/11/2017 | 2/21/2018 | 72 | 4/23/2018 | 133 | 5/30/2018 | 170 | 7/25/2018 | 226 | 154 | 93 | 56 | 56 |  | 226 |  |  |  |  |  |
| 180 | 7/14/2018 | 9/19/2018 | 67 | 10/24/2018 | 102 | 12/5/2018 | 144 | 12/10/2018 | 149 | 82 | 47 | 5 | 5 |  | 149 |  |  |  |  |  |
| 181 | 6/21/2017 | 8/23/2017 | 63 | 9/20/2017 |  | 10/25/2017 | 126 | 12/7/2017 | 169 | 106 | 78 | 43 | 43 |  | 169 |  |  |  |  |  |
| 182 | 4/28/2016 | 9/14/2016 | 139 |  |  |  |  | 10/6/2016 | 161 | 22 |  |  | 22 |  | 161 |  |  |  |  |  |
| 183 | 8/25/2017 | 10/9/2017 | 45 | 11/6/2017 | 73 | 12/7/2017 | 104 | 2/4/2018 | 163 | 118 | 90 | 59 | 59 |  | 163 |  |  |  |  |  |
| 184 | 7/23/2017 |  |  |  |  |  |  | 4/20/2018 | 271 | 271 |  |  |  | 271 |  |  |  |  |  |  |
| 185 | 5/20/2017 | 7/5/2017 | 46 | 8/2/2017 | 74 | 10/4/2017 | 137 | 1/14/2018 | 239 | 193 | 165 | 102 | 102 |  | 239 |  |  |  |  |  |
| 186 | 12/29/2016 |  |  |  |  |  |  | 9/2/2017 | 247 | 247 |  |  |  | 247 |  |  |  |  |  |  |
| 187 | 10/5/2017 | 12/5/2017 | 61 |  |  |  |  | 6/16/2018 | 254 | 193 |  |  | 193 |  | 254 |  |  |  |  |  |
| 188 | 12/10/2018 | 1/29/2019 | 50 | 3/8/2019 | 88 | 4/24/2019 | 135 | 6/5/2019 | 177 | 127 | 89 | 42 | 42 |  | 177 |  |  |  |  |  |
| 189 | 6/27/2017 | 9/6/2017 | 71 | 10/4/2017 | 99 | 11/1/2017 | 127 | 11/6/2017 | 132 | 61 | 33 | 5 | 5 |  | 132 |  |  |  |  |  |
| 190 | 1/17/2018 | 3/14/2018 | 56 | 5/9/2018 | 112 | 6/13/2018 | 147 | 7/13/2018 | 177 | 121 | 65 | 30 | 30 |  | 177 |  |  |  |  |  |
| 191 | 10/5/2018 |  |  |  |  |  |  | 4/18/2019 | 195 | 195 |  |  |  | 195 |  |  |  |  |  |  |
| 192 | 5/23/2017 | 7/12/2017 | 50 | 8/19/2017 | 88 | 9/22/2017 | 122 | 10/3/2017 | 133 | 83 | 45 | 11 | 11 |  | 133 |  |  |  |  |  |
| 193 | 6/8/2018 | 8/1/2018 | 54 | 9/5/2018 | 89 | 10/3/2018 | 117 | 11/10/2018 | 155 | 101 | 66 | 38 | 38 |  | 155 |  |  |  |  |  |
| 194 | 6/3/2018 | 8/8/2018 | 66 | 10/15/2018 | 1341 | 11/14/2018 | 164 | 12/5/2018 | 185 | 119 | 51 | 21 | 21 |  | 185 |  |  |  |  |  |
| 195 | 9/8/2016 | 11/15/2016 | 68 | 12/14/2016 | 97 | 1/16/2017 | 130 | 1/31/2017 | 145 | 77 | 48 | 15 | 15 |  | 145 |  |  |  |  |  |
| 196 | 9/21/2016 | 11/9/2016 | 49 | 12/14/2016 | 84 | 1/11/2017 | 112 | 1/25/2017 | 126 | 77 | 42 | 14 | 14 |  | 126 |  |  |  |  |  |
| 197 | 5/8/2016 | 6/22/2016 | 45 | 7/27/2016 | 80 | 8/24/2016 | 108 | 11/13/2016 | 189 | 144 | 109 | 81 | 81 |  | 189 |  |  |  |  |  |
| 198 | 1/31/2018 | 3/21/2018 | 49 | 4/25/2018 | 84 | 5/24/2018 | 113 | 8/29/2018 | 210 | 161 | 126 | 97 | 97 |  | 210 |  |  |  |  |  |
| 199 | 10/10/2017 | 1/24/2018 | 106 | 2/28/2018 | 141 |  |  | 3/21/2018 | 162 | 56 | 21 |  | 21 |  | 162 |  |  |  |  |  |
| 200 | 1/10/2017 | 3/10/2017 | 59 | 4/12/2017 | 92 | 5/12/2017 | 122 | 6/8/2017 | 149 | 90 | 57 | 27 | 27 |  | 149 |  |  |  |  |  |
| 201 | 12/12/2018 | 1/30/2019 | 49 | 3/6/2019 | 84 | 4/10/2019 | 119 | 4/13/2019 | 122 | 73 | 38 | 3 | 3 |  | 122 |  |  |  |  |  |
| 202 | 8/30/2015 |  |  |  |  |  |  | 7/15/2016 | 320 | 320 |  |  |  | 320 |  |  |  |  |  |  |
| 203 | 3/8/2018 | 4/21/2018 | 44 | 5/19/2018 | 72 | 6/20/2018 | 104 | 7/30/2018 | 144 | 100 | 72 | 40 | 40 |  | 144 |  |  |  |  |  |
| 204 | 12/8/2018 | 2/20/2019 | 74 |  |  |  |  | 6/12/2019 | 186 | 112 |  |  | 112 |  | 186 |  |  |  |  |  |
| 205 | 9/24/2018 | 3/8/2019 | 165 |  |  |  |  | 4/20/2019 | 208 | 43 |  |  | 43 |  | 208 |  |  |  |  |  |
| 206 | 10/15/2017 | 12/6/2017 | 52 | 1/3/2018 | 80 | 2/7/2018 | 115 | 3/14/2018 | 150 | 98 | 70 | 35 | 35 |  | 150 |  |  |  |  |  |
| 207 | 3/26/2016 |  |  |  |  |  |  | 9/17/2016 | 175 | 175 |  |  |  | 175 |  |  |  |  |  |  |
| 208 | 9/9/2017 |  |  |  |  |  |  | 8/18/2018 | 343 | 343 |  |  |  | 343 |  |  |  |  |  |  |
| 209 | 8/3/2017 |  |  |  |  |  |  | 6/7/2018 | 308 | 308 |  |  |  | 308 |  |  |  |  |  |  |
| 210 | 5/8/2016 | 7/6/2016 | 59 | 8/3/2016 | 87 | 9/7/2016 | 122 | 11/7/2016 | 183 | 124 | 96 | 61 | 61 |  | 183 |  |  |  |  |  |
| 211 | 12/30/2017 | 2/14/2018 | 46 | 3/14/2018 | 74 | 4/11/2018 | 102 | 9/6/2018 | 250 | 204 | 176 | 148 | 148 |  | 250 |  |  |  |  |  |
| 212 | 10/31/20171 | 12/10/2017 | 40 | 1/15/2018 | 76 | 2/13/2018 | 105 | 5/15/2018 | 196 | 156 | 120 | 91 | 91 |  | 196 |  |  |  |  |  |
| 213 | 1/23/2019 |  |  |  |  |  |  | 4/20/2019 | 87 | 87 |  |  |  | 87 |  |  |  |  |  |  |






| 430 | 8/10/2018 | 9/26/2018 |  | 10/31/2018 |  | 11/28/2018 | 110 | 12/20/2018 | 132 | 85 | 50 | 22 | 22 |  | 132 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 431 | 7/26/201712 | 12/21/2017 | 148 | 1/25/2018 | 183 | 2/21/2018 | 210 | 7/1/2018 | 340 | 192 | 157 | 130 | 130 |  | 340 |  |  |  |  |  |
| 432 | 6/22/2016 |  |  |  |  |  |  | 1/20/2017 | 212 | 212 |  |  |  | 212 |  |  |  |  |  |  |
| 433 | 3/1/2017 |  |  |  |  |  |  | 8/2/2017 | 154 | 154 |  |  |  | 154 |  |  |  |  |  |  |
| 434 | 11/26/2017 | 1/17/2018 | 52 | 2/28/2018 | 94 | 3/21/2018 | 115 | 6/19/2018 | 205 | 153 | 111 | 90 | 90 |  | 205 |  |  |  |  |  |
| 435 | 10/13/2017 | 12/8/2017 | 56 | 1/12/2018 | 91 | 2/21/2018 | 131 | 2/27/2018 | 137 | 81 | 46 | 6 | 6 |  | 137 |  |  |  |  |  |
| 436 | 12/30/2017 | 3/8/2018 | 68 | 4/4/2018 | 95 | 5/5/2018 | 126 | 8/27/2018 | 240 | 172 | 145 | 114 | 114 |  | 240 |  |  |  |  |  |
| 437 | 4/22/2017 |  |  |  |  |  |  | 12/29/2017 | 251 | 251 |  |  |  | 251 |  |  |  |  |  |  |
| 438 | 7/18/2016 | 9/28/2016 | 72 | 10/26/2016 | 100 | 11/23/2016 | 128 | 3/31/2017 | 256 | 184 | 156 | 128 | 128 |  | 256 |  |  |  |  |  |
| 439 | 3/4/2016 | 4/17/2016 | 44 | 6/23/2016 | 111 | 8/4/2016 | 153 | 1/1/2017 | 303 | 259 | 192 | 150 | 150 |  | 303 |  |  |  |  |  |
| 440 | 11/11/2017 |  |  |  |  |  |  | 2/20/2018 | 101 | 101 |  |  |  | 101 |  |  |  |  |  |  |
| 441 | 4/18/2016 |  |  |  |  |  |  | 3/21/2017 | 337 | 337 |  |  |  | 337 |  |  |  |  |  |  |
| 442 | 7/11/2017 |  |  |  |  |  |  | 3/31/2018 | 263 | 263 |  |  |  | 263 |  |  |  |  |  |  |
| 443 | 11/25/2017 | 1/17/2018 | 53 | 2/28/2018 | 95 | 3/28/2018 | 123 | 9/11/2018 | 290 | 237 | 195 | 167 | 167 |  | 290 |  |  |  |  |  |
| 444 | 12/27/2017 | 2/18/2018 | 53 | 3/19/2018 | 82 | 4/19/2018 | 113 | 7/7/2018 | 192 | 139 | 110 | 79 | 79 |  | 192 |  |  |  |  |  |
| 445 | 8/2/2017 |  |  |  |  |  |  | 3/25/2018 | 235 | 235 |  |  |  | 235 |  |  |  |  |  |  |
| 446 | 11/23/20161 | 12/28/2016 | 35 | 1/28/2017 | 66 | 3/1/2017 | 98 | 7/8/2017 | 227 | 192 | 161 | 129 | 129 |  | 227 |  |  |  |  |  |
| 447 | 8/25/20181 | 10/10/2018 | 46 | 11/21/2018 |  | 12/26/2018 | 123 | 4/15/2019 | 233 | 187 | 145 | 110 | 110 |  | 233 |  |  |  |  |  |
| 448 | 7/23/2017 |  |  |  |  |  |  | 10/29/2017 | 98 | 98 |  |  |  | 98 |  |  |  |  |  |  |
| 449 | 7/3/2017 |  |  |  |  |  |  | 2/18/2018 | 230 | 230 |  |  |  | 230 |  |  |  |  |  |  |
| 450 | 5/18/2018 |  |  |  |  |  |  | 2/28/2019 | 286 | 286 |  |  |  | 286 |  |  |  |  |  |  |
| 451 | 9/27/20181 | 11/16/2018 | 50 | 12/19/2018 | 83 | 2/6/2019 | 132 | 5/30/2019 | 245 | 195 | 162 | 113 | 113 |  | 245 |  |  |  |  |  |
| 452 | 7/9/2016 | 9/21/2016 | 74 | 11/9/2016 | 123 | 12/21/2016 | 165 | 5/15/2017 | 310 | 236 | 187 | 145 | 145 |  | 310 |  |  |  |  |  |
| 453 | 1/14/2018 |  |  |  |  |  |  | 6/5/2018 | 142 | 142 |  |  |  | 142 |  |  |  |  |  |  |
| 454 | 11/21/2017 | 1/17/2018 | 57 | 2/21/2018 | 92 | 3/21/2018 | 120 | 4/26/2018 | 156 | 99 | 64 | 36 | 36 |  | 156 |  |  |  |  |  |
| 455 | 7/25/2018 | 9/20/2018 | 57 | 10/25/2018 | 92 | 12/5/2018 | 133 | 5/22/2019 | 301 | 244 | 209 | 168 | 168 |  | 301 |  |  |  |  |  |
| 456 | 8/25/2017 |  |  |  |  |  |  | 5/5/2018 | 253 | 253 |  |  |  | 253 |  |  |  |  |  |  |
| 457 | 6/28/2017 |  |  |  |  |  |  | 3/12/2018 | 257 | 257 |  |  |  | 257 |  |  |  |  |  |  |
| 458 | 3/18/2018 | 5/2/2018 | 45 | 6/13/2018 | 87 | 7/11/2018 | 115 | 10/9/2018 | 205 | 160 | 118 | 90 | 90 |  | 205 |  |  |  |  |  |
| 459 | 7/31/2016 |  |  |  |  |  |  | 1/27/2017 | 180 | 180 |  |  |  | 180 |  |  |  |  |  |  |
| 460 | 5/16/2016 | 9/7/2016 | 114 |  |  |  |  | 12/8/2016 | 206 | 92 |  |  | 92 |  | 206 |  |  |  |  |  |
| 461 | 11/9/2017 | 2/21/2018 | 104 | 3/21/2018 | 132 |  |  | 4/4/2018 | 146 | 42 | 14 |  | 14 |  | 146 |  |  |  |  |  |
| 462 | 1/15/2018 | 3/6/2018 | 50 | 4/4/2018 | 79 | 5/2/2018 | 107 | 6/30/2018 | 166 | 116 | 87 | 59 | 59 |  | 166 |  |  |  |  |  |
| 463 | 8/8/2017 | 10/4/2017 | 57 | 11/8/2017 | 92 |  |  | 2/28/2018 | 204 | 147 | 112 |  | 112 |  | 204 |  |  |  |  |  |
| 464 | 7/5/2018 |  |  |  |  |  |  | 5/31/2019 | 330 | 330 |  |  |  | 330 |  |  |  |  |  |  |
| 465 | 2/15/2019 | 4/2/2019 | 46 |  |  |  |  | 4/15/2019 | 59 | 13 |  |  | 13 |  | 59 |  |  |  |  |  |
| 466 | 7/29/2017 |  |  |  |  |  |  | 1/20/2018 | 175 | 175 |  |  |  | 175 |  |  |  |  |  |  |
| 467 | 4/1/2018 | 5/16/2018 | 45 | 7/11/2018 | 101 |  |  | 8/1/2018 | 122 | 77 | 21 |  | 21 |  | 122 |  |  |  |  |  |
| 468 | 4/7/2018 |  |  |  |  |  |  | 1/17/2019 | 285 | 285 |  |  |  | 285 |  |  |  |  |  |  |
| 469 | 9/5/2016 | 11/15/2016 | 71 | 12/14/2016 | 100 | 1/16/2017 | 133 | 5/5/2017 | 242 | 171 | 142 | 109 | 109 |  | 242 |  |  |  |  |  |
| 470 | 10/15/20161 | 11/22/2016 | 38 | 12/21/2016 | 67 | 1/26/2017 | 103 | 3/7/2017 | 143 | 105 | 76 | 40 | 40 |  | 143 |  |  |  |  |  |
| 471 | 8/31/2017 |  |  |  |  |  |  | 5/20/2018 | 262 | 262 |  |  |  | 262 |  |  |  |  |  |  |
| 472 | 12/8/2017 | 2/14/2018 | 68 | 3/21/2018 | 103 | 5/2/2018 | 145 | 7/12/2018 | 216 | 148 | 113 | 71 | 71 |  | 216 |  |  |  |  |  |
| 473 | 9/10/2016 |  |  |  |  |  |  | 7/12/2017 | 305 | 305 |  |  |  | 305 |  |  |  |  |  |  |
| 474 | 9/25/2017 |  |  |  |  |  |  | 4/6/2018 | 193 | 193 |  |  |  | 193 |  |  |  |  |  |  |
| 475 | 10/23/201712 | 12/13/2017 | 51 | 2/14/2018 | 114 | 4/18/2018 | 177 | 7/2/2018 | 252 | 201 | 138 | 75 | 75 |  | 252 |  |  |  |  |  |
| 476 | 8/10/2017 |  |  |  |  |  |  | 5/10/2018 | 273 | 273 |  |  |  | 273 |  |  |  |  |  |  |
| 477 | 6/15/2018 | 8/16/2018 | 62 | 9/19/2018 |  | 10/25/2018 | 132 | 6/4/2019 | 354 | 292 | 258 | 222 | 222 |  | 354 |  |  |  |  |  |
| 478 | 6/17/2016 |  |  |  |  |  |  | 10/19/2016 | 124 | 124 |  |  |  | 124 |  |  |  |  |  |  |
| 479 | 11/6/2017 | 1/10/2018 | 65 | 2/21/2018 | 107 | 3/21/2018 | 135 | 6/19/2018 | 225 | 160 | 118 | 90 | 90 |  | 225 |  |  |  |  |  |
| 480 | 9/5/2018 |  |  |  |  |  |  | 2/20/2019 | 168 | 168 |  |  |  | 168 |  |  |  |  |  |  |
| 481 | 11/11/2018 | 1/2/2019 | 52 | 2/6/2019 | 87 | 3/13/2019 | 122 | 4/3/2019 | 143 | 91 | 56 | 21 | 21 |  | 143 |  |  |  |  |  |
| 482 | 9/17/2016 |  |  |  |  |  |  | 1/17/2017 | 122 | 122 |  |  |  | 122 |  |  |  |  |  |  |
| 483 | 1/12/2018 |  |  |  |  |  |  | 8/1/2018 | 201 | 201 |  |  |  | 201 |  |  |  |  |  |  |




|  |  |  |  |  |  |  |  |  |  |  |  |  | Count (N) | 212 | 377 | Pifference | -17.89 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Mean | 223.25 | 20.536 | SE | 5.915 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Standard Deviation | 74.12 | 65.8 | 95\%\%1 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Mean Difierence | 17.89 |  | ${ }_{\text {STest }}^{\text {Statistict }}$ | ${ }^{-3.024}$ |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | $\begin{aligned} & \text { Significance level } \\ & (p=) \end{aligned}$ | 0.002 |  | OF | 587 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Siginficance | $\rho_{p=0.026}$ |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Prashour Burbhan
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From: NEJM Letter [onbehalfof@manuscriptcentral.com](mailto:onbehalfof@manuscriptcentral.com)
Date: Thu, 20 May 2021, 11:36 pm
Subject: New England Journal of Medicine 20-33556
To: [jacob@puliyel.com](mailto:jacob@puliyel.com)

Dear Dr. Puliyel:
Thank you for your email. We have been in contact with Dr. Kang regarding your letter, and the correspondence remains under consideration. You will be informed of the final editorial decision via email.

Sincerely,
Lauren Lindenfelser
Manager of Editorial Administration
New England Journal of Medicine
10 Shattuck Street
Boston, MA 02115
(617) 734-9800

Fax: (617) 739-9864
http://www.nejm.org

From: Jacob Puliyel [jacob@puliyel.com](mailto:jacob@puliyel.com)
Sent: Tuesday, May 4, 2021 3:13 PM
To: Letter [letter@nejm.org](mailto:letter@nejm.org)
Subject: Re: New England Journal of Medicine - 20-33556
Dear Sir
I am yet to receive a response from the Editor.
If no action is being taken by the NEJM in all these months, I wonder if the matter should be investigated by some independent third party like Retraction Watch.

Please advise me when I should expect a response from the Editor or otherwise what I should do to get this matter investigated.

Sincerely
Jacob Puliyel

