Another Vaccine, Another Story

BCG Vaccination against Tuberculosis in India 1948-60

Niels Brimnes, Aarhus University
Mass Vaccination with BCG in India:

› Offering a comparative perspective on mass vaccination against smallpox

› Analysing a ‘prelude’ to the smallpox eradication programme
Different diseases

Smallpox:
› Caused by a virus
› Immediate onset
› Dramatic course
› A ’children’s disease’
› Socially blind

Tuberculosis:
› Caused by a bacteria
› Develops slowly
› Undramatic, ’unspectacular’
› Affects adults (pulmonary TB)
› A social disease
Different Vaccines:

**Vaccinia** (1796):
- Medical revolution
- High degree of efficacy
- Considered to be safe
- Relatively simple procedure
- Campaign: Eradication

**BCG** (1921):
- Doubts and Controversy
- Efficacy questioned
- Safety questioned
- Relatively complex procedure
- Campaign: Control
Historical Outline

› December 1948-June 1951: Demonstration campaign conducted by the International Tuberculosis Campaign (ITC)

› July 1951 onwards: Mass campaign conducted by Indian authorities in collaboration with WHO and UNICEF

› Target: by the end of the second plan period (1961): all Indians below 25 years should be tested (170 million)

› Achievement: by 1964 more than 200 million tests and the campaign still running
Figures
Efficiency of mass BCG Campaign

Figure 1: Efficiency of mass BCG Campaign

Monthly tests per team (quarterly averages)

Period: 3rd q. 51, 4th q. 51, 1st q. 52, 2nd q. 52, 3rd q. 52, 4th q. 52, 3rd q. 53, 4th q. 53, 1st q. 54, 2nd q. 54, 3rd q. 54, 4th q. 54, 1st q. 55, 2nd q. 55, 3rd q. 55, 4th q. 55, 1st q. 56, 2nd q. 56, 3rd q. 56, 4th q. 56, 1st q. 57, 2nd q. 57, 3rd q. 57, 4th q. 57, 1st q. 58, 2nd q. 58, 3rd q. 58, 4th q. 58, 1st q. 59, 2nd q. 59, 3rd q. 59, 4th q. 59.
Obstacles

› Moving into rural areas
› Monsoon rains
› Marriage season
› Schools closed for vacation
› Broken down vans
› Reorganization of the Indian states
› Anti-BCG propaganda

WHO officer P. Mohamed Ali in 1960:
“..hardly any quarter goes by without some major incident upsetting even the most carefully laid plans ..”
Adaptations to realities on the ground

› From two tests to one test
› Minimizing the collection of epidemiological information
› Acceptance of ‘lay-vaccinators’

Suggestion:
When the ‘complex’ BCG vaccine was transplanted from Europe to developing countries, medical standards were ‘compromised’. This did not happen to the same extent with the ‘simpler’ procedures involved in vaccination against smallpox.
Recruitment Problems

› BCG work was dull, monotonous and unattractive
› Staff were living a “… A permanent gypsy life …”
› BCG ‘Fed-up-ness’
› ‘Clinical atmosphere’

Suggestion:
The BCG campaign was particularly troubled by such problems, because tuberculosis was a distant, ’invisible’ disease – “…such a nice unspectacular killer”. 
Resistance

› Indifference

› Spontaneous; based on fear, religious sentiments, suspicion of the state

› Articulated, ideological opposition

› 1948-49: A. V. Raman
› 1955-57: C. Raja Gopala Charri
Resistance

Elements in the opposition

1. Specific criticism of BCG

2. General criticism of vaccination as a public health strategy

3. Uncomfortability with the modernizing Indian state
Resistance

Suggestion:
The contested nature of BCG made it particularly well suited as a platform for articulating general protests against prevailing processes of modernization. Vaccination against smallpox was less suited to serve as a vehicle for such protests.