Supporting the World Health Organization’s 2015 Immunization Week Theme: “Are You Up-To-Date?”

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Received date: March 30, 2015, Accepted date: April 1, 2015, Published date: April 8, 2015

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Editorial

Globally, immunization has been acknowledged as one of the crucial elements of the human right to health and a key responsibility for the health care professionals/public health authorities [1]. The recent estimates suggest that every year the intervention of immunization is averting almost 2-3 million deaths from the vaccine-preventable diseases across the globe [2]. In fact, in the year 2013, almost 1.5 million children died because of not receiving the vaccines which have been recommended by the World Health Organization (WHO) [3].

Even though, the immunization coverage trends over the recent years reveal that it is steady (viz. 84% infants received 3 doses of Diphtheria-Pertussis-Tetanus vaccine), nevertheless, 21.8 million infants still fail to receive basic vaccines [2,3]. However, the alarming concern is that almost 50% of these unimmunized children are from developing nations – India, Nigeria and Pakistan [3]. Such poor immunization coverage has been attributed to the resource constraints; competing health priorities; defective management of the health care delivery system; and limited monitoring/supervision of the different aspects of the immunization program at all possible levels [1,2]. In addition, parameters like un-registered females during the pregnancy; educational status of parents; inadequate support from husband/paternal grandmothers; large family size; family problems; poor maternal knowledge about the need & importance of immunization; fear about side effects attributed to vaccine administration; health professionals knowledge, attitudes, and perceptions about the vaccines; limited accessibility to health establishments; and seasonal migration, plays a significant role in determining the immunization coverage [4-7].

In order to augment the global vaccine coverage, the WHO in collaboration with various stakeholders like UN agencies, global agencies, national governments, health professionals, manufacturers, researchers, etc., has developed a Global Vaccine Action Plan (GVAP) to prevent millions of deaths by ensuring equitable access to the vaccines [8]. The GVAP aims to achieve a target of ≥90% national and ≥80% immunization coverage in all the districts by the year 2020, by ensuring sustainable access to vaccines at affordable prices; facilitating the local manufacture of vaccines to warrant vaccine security; developing customized strategies based on the local priorities and needs [8,9]. Furthermore, in order to counter the challenges and other potential determinants, the need of the hour is to strengthen the immunization services (in accordance with the clients’ needs so that the immunization services are convenient, reliable, friendly, and informative as well), especially in those nations which are home to the highest number of unvaccinated children [1,8,9].

Other measures like ensuring registration of all pregnant females during antenatal period so that they can be sensitized about the immunization; strategies to improve education status of females in specific & society in general; increasing awareness and reducing fear about side effects of immunization; increasing the accessibility to health centres; measures to involve the community actively; and building linkages to foster international collaboration, have also been suggested to improve the vaccine coverage [4-7,10]. Finally, the last week of April each year is observed as World Immunization Week, which provides an opportunity to program managers to increase the public awareness of how immunization saves lives, and motivate people to immunize themselves and their children against the life threatening diseases [2].

In conclusion, timely immunization of children against the vaccine-preventable diseases enables them to thrive and reach their complete potential. It is the responsibility of the policy makers to ensure that not only children, but even adults are immunized, as vaccines is a cost-effective approach to improve a nation’s future.

References:
