

cost/efficacy of either of them does not justify their routine use.

Contents of such diseases should be within the responsibilities of the Epidemiology Department.

XVII INTERNATIONAL CONGRESS OF PAEDIATRICS
WHO/IPA PRE-CONGRESS WORKSHOP ON IMMUNIZATION

CONCLUSIONS AND RECOMMENDATIONS

7 November 1983

1. Introduction

Paediatricians have long taken a leading role in the delivery of immunizations and their influence often extends beyond the families under their care. Their role in preventing disease could be further extended if the National and International Associations become involved with and support the World Health Organization Expanded Programme on Immunization (EPI)¹.

A Pre-Congress Workshop on Immunization for the XVII International Congress of Paediatrics was held at the World Health Organization Regional Office for the Western Pacific, 6-7 November 1983. During the workshop, technical papers were presented dealing with new vaccine development and conclusions and recommendations to promote the application of immunization services. Specific recommendations follow:

2. Support for the expanded programme on immunization

Despite being one of the most powerful and cost effective weapons of modern medicine, immunization remains tragically unavailable or under-utilized, particularly in the developing world. As a consequence some five million children die from vaccine preventable diseases each year: ten children with each passing minute. An equal number are blinded, crippled or left with mental retardation.

¹Established by the World Health Assembly in 1974, the EPI seeks to expand the geographic coverage of existing immunization services and to expand the number of vaccines of public health importance included within national immunization programmes.

The WHO Expanded Programme on Immunization has as its goal the reduction of morbidity and mortality from diphtheria, pertussis, tetanus, measles, poliomyelitis and tuberculosis by providing immunization against these diseases for all children of the world by 1990. Other diseases may be included when and where appropriate.

The workshop recommends that the International Paediatric Association endorse the EPI as an element of primary health care and encourage Regional and National Societies throughout the world to assist in reaching the programme's goal.

3. Support for the formation of international technical advisory groups on immunization practices

Each country should have a national council or committee to provide advice on national immunization policies. This committee should include representatives of the National Paediatric Society as well as experts from other relevant health disciplines. In some committees, representation from the community will also be appropriate.

The committee should provide advice with respect to vaccines and immunization schedules recommended in the national programme based on their review of the most recent knowledge concerning vaccine development and use and should recommend national research priorities in their field. This committee may also be concerned with the implementation and evaluation of immunization programmes.

The committee should report to the appropriate high level of government and its recommendations should be distributed to the general medical community and the public.

4. The role of training institutions

The curricula of many medical, nursing and other health training institutions do not provide satisfactory training with respect to immunization. Training should not be limited to paediatrics or public health departments and should reach all undergraduates. All post-

graduate students should at least be sensitized to the importance of immunization and other preventive services. Continuing education of health workers should be provided. Training of nurses and of midwives is especially important. Some practical points include:

- clear, concise and convenient material is required
- examinations should include relevant questions on immunization
- students should participate in immunization and other primary health care activities
- the effects of the practical application of recommended national or local policies should be reviewed
- selected EPI documents should be sent to schools training medical and paramedical staff in order to provide practical, relevant and up to date information
- staff involved with the delivery of immunization services as well as academic staff should be in contact with students.

The International Paediatric Association should, through National Paediatric Societies, maintain contact with such educational functions.

These actions should all aim at increasing awareness of the importance of immunization programmes through all grades of medical, nursing, midwifery and paramedical care. Uniform immunization policies should be taught in the training institutions in any one country or region.

5. Practical guidelines for immunization

Lack of resources which include staff, supplies and equipment is the major constraint to the delivery of effective immunization services in developing countries. Immunization policies incompletely implemented are the main problem in industrialized countries. Immunization policies which are needlessly restrictive can compound these problems. National groups responsible for establishing immunization policies should base their advice on a practical appraisal of the risks of the disease as well as the benefits and potential risks of immunization. Important considerations include the availability and accessibility of health care services, utilization pat-

terns of these services, the ability to identify and follow-up children who are not immunized, the likelihood that children will return for subsequent immunization, and sociocultural acceptability of specific procedures and recommendations. Principal recommendations which can serve as a general guide include:

- Health workers should use every opportunity to immunize eligible children.
- BCG can safely and effectively be given in the newborn period, and DPT and OPV as early as six weeks of life (and, in certain situations, even earlier). In countries where measles poses a major burden before the first birthday, measles vaccine should ordinarily be given at the age of 9 months.
- No vaccine is totally without adverse reactions, but the risks of serious complications from EPI vaccines are much lower than the risks from the natural diseases.
- It is particularly important to immunize children with malnutrition. Low grade fever, mild respiratory infections or diarrhoea, and other minor illnesses should not be considered contraindications to immunization.
- Immunization of children so ill as to require hospitalization should be deferred for decision by the hospital authorities.
- The immunization status of hospitalized children should be evaluated, and they should receive appropriate immunization before discharge (in some cases they should be immunized on admission, because of the high risk of hospital-acquired measles).
- A second or third DPT injection should not be given to a child who has suffered a severe adverse reaction to the previous dose. The pertussis component should be omitted and diphtheria and tetanus immunization completed.
- Diarrhoea should not be considered a contraindication to OPV, but to ensure full protection, doses given to children with diarrhoea should not be counted as part of the series and the child should be given another dose at the first available opportunity.

6. The promotion of immunization services within primary health care

All maternity and child health services should help promote immunization as a part of their normal duties and pool their resources appropriately to achieve effective coverage. Paediatricians themselves must take a leading role. Immunization should be promoted as part of normal family care. Each child should have a chart recording immunization, growth and development kept at home.

To prevent neonatal tetanus, paediatricians should work with obstetricians and other health care providers to assure that women of child-bearing age, especially pregnant women, are adequately immunized against tetanus and to assure that delivery and care of the umbilical cord are hygienic. Data concerning both immunization coverage and disease incidence for all the target diseases should be available to staff at local and national level to permit the effectiveness of the programme to be monitored.

School entry is a time when evidence of immunization can be required. Health education at schools should include the value of breastfeeding, immunization and hygienic food and clean water as normal steps in the prevention of illness.

Community leaders should be actively involved in promoting immunization. The media should be used to the fullest extent but care should be taken that the services being promoted can actually be provided.

7. Community participation

Paediatricians should take the initiative in enlisting support of community leaders for immunization, in particular: school teachers, village leaders, politicians, women's groups, midwives, nurses, and other primary health care workers. In schools, reading primers should include information on immunization and other preventive health measures. The help of religious leaders should also be solicited. They could promote the use of immunization and other primary health care services, and could make specific inquiry concerning the child's immunization status, as for example, at the time of baptism.

Local special events should be promoted to inform the community about immunization and its importance, for example by:

- involving voluntary organizations in special events
- organizing poster contests for school children
- encouraging school children to assure that their younger siblings are immunized.

Paediatricians should become involved with the mass media (radio, television, newspapers, women's magazines, etc) in the preparation of programmes and articles to ensure that technically accurate consistent information is communicated and that immunizations are encouraged in terms the lay person understands. Uniform immunization policies should be adopted in any one country or region to avoid confusing the public.

8. Roles of paediatric associations in promoting the utilization of immunization services

Paediatricians and their societies should be the primary advocates for child health.

Paediatricians should help monitor the scientific evidence on which immunization is based and promote research as appropriate to ensure the benefits and hazards are adequately and accurately assessed. Paediatric societies should play a leading role in developing policies at national level through active participation in policy forming committees and should publicly endorse those policies.

Paediatric societies may appoint an expert committee devoted to the prevention and control of infection and such a committee should serve as a source of authoritative information and advice on immunization practices to health authorities, practicing physicians, and the public media.

Individual paediatricians should be encouraged to make themselves readily available to offer advice and support to all those providing immunization services, to parents, and others within their own community.

Education on immunization should be actively promoted at several levels, by:

- participation in medical education, to ensure not only adequate training in the principles and practice of immunization, but also the importance of doctors in influencing public knowledge and attitudes, and in encouraging recruitment to preventive paediatrics and epidemiology.
- participation in nursing and paramedical training in immunization practice and in public health education.
- influencing politicians in priorities for immunization programmes within health service budgets and policies
- ensuring continuing education of doctors and primary health care workers in relation to immunization policies and the maintenance of high vaccine acceptance rates.

Paediatric societies should provide support for adequate funding of immunization programmes and should support the adoption of legislation which facilitates the application of immunization services.

Paediatric societies should involve themselves in and assist the activities of non-governmental organizations with an interest in children's welfare.

9. Research and development

Advances in scientific knowledge provide increasing opportunities to develop new vaccines, and to improve the safety, effectiveness and utilization of existing vaccines. Paediatricians should lend their support to basic vaccine research, field trials to evaluate new vaccines, and operational research to improve the application of existing vaccines. Areas of interest include the impact of legislation requiring immunization as a pre-requisite to school entry and the review of other policies and practices which are thought to serve as incentives or disincentives to the acceptance of immunization services. Medical schools should be encouraged to be actively involved in applied research pertaining to immunization and other primary health care initiative.