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บทความ

EXPANDED PROGRAMME ON IMMUNIZATION

Global Advisory Group

The seventh meeting of the Expanded Programme on Immunization (EPI) Global Advisory Group took place from 21 to 25 October 1984 at the WHO Regional Office for the Eastern Mediterranean in Alexandria. The following is a summary of the conclusions and recommendations made by the Group.

Global Situation

National immunization programmes have made considerable progress, achieving some 30% coverage in developing countries with a third dose of DPT. But the lack of immunization services still exacts a toll of 4 million preventable childhood deaths each year in the developing world. Programme acceleration is urgently needed if immunization services are to be provided for all children of the world by 1990. This will require continued vigorous action to mobilize political will and financial resources at national and international levels.

Considerable experience has now been gained in most countries regarding the implementation of immunization programmes and sufficient knowledge exists to effect major improvements. Action will be needed in the following areas if the programmes are to accelerate sufficiently to meet the target:

Management of existing resources

Regardless of the level of programme development, there are substantial areas for improvement in each country, particularly with regard to better training and supervision of health staff and effective involvement of communities. Some changes will require additional resources but programme impact can also be improved through existing resources. Priority should be given to immunization schedules which are completed early in life with a minimum number of contacts.

Use of intensified strategies

Intensified strategies have been developed in several countries in an effort to raise immunization levels more rapidly than would routine programme implementation. These strategies include:

1. accelerated implementation of existing plans;
2. use of periodic rounds of intensified activity ("pulses" or "rounds");
3. designation of 1 or more days each year as national immunization days; on these days, all children in the target age group are immunized without regard to their previous immunization status; frequently only 1 vaccine is used (usually oral polio vaccine) and no attempt is made to complete the child's record;
4. designation of 1 or more days each year as national immunization days; all vaccines are available and used according to the child's needs; each dose given is entered on the child's record.

A characteristic shared by the successful programmes using intensive approaches has been meticulous planning and organization, with detailed preparation in all areas including facilities, training, use of mass media, as well as vaccine requirements and distribution. Political commitment from the highest levels has been an essential characteristic of successful intensification. However, political commitment is insufficient without concomitant technical and logistical support for the effort.

Any country considering an intensive approach should first make a careful review of its own situation, then consider the likely long-term impact of such a strategy, and the country's ability to implement and maintain the effort. Any strategy which does not contribute to the strengthening of the health infrastructure should be discouraged.

Programme evaluation

More emphasis should be put on programme evaluation. Regular reviews of national EPI programmes should be encouraged and should either include information on other components of primary health care or take place within the context of broader reviews of primary health care. During evaluations, retrospective and current data on EPI target diseases should be used as much as possible. To strengthen the impact of the reviews, recommendations should be accompanied by suggested implementation plans.

Coordination with other components of primary health care

To make optimum use of existing resources and to assist in obtaining additional resources, there must be an intensification of coordination between EPI and other primary health care components. All contacts with health services should provide opportunities for immunization, other necessary services, and readily understandable health education messages.

Collaboration among international agencies

Additional resources, both national and international, will be required to support the programme acceleration so urgently needed. An important step in this direction has been stimulated by the 1984 Bellagio Conference. Participants at that meeting committed themselves to improve collaboration between countries, United Nations agencies, bilateral agencies and other concerned groups. The focus of this collaboration will be to increase mobilization of both national and international resources in support of immunization and other primary health care initiatives.

Regional and country meetings

Periodic meetings at the regional level, bringing together EPI programme managers from countries of the Region, can be useful. At these meetings, participants can identify obstacles to programme implementation, refine programme objectives, develop improved plans of operations and sustain enthusiasm. In addition, such regional meetings allow for the exchange of knowledge and experience which can assist in solving problems in a given country. Each WHO Region should hold such meetings preferably every 1-2 years, but at least every 3 years.

At the national level, regular meetings of state/provincial authorities are important to ensure optimum programme development, implementation and evaluation. Each country which does not currently hold meetings at least once a year should be encouraged to do so.

Use of vaccines

To take maximum advantage of the benefits offered by vaccines, each country should take the necessary steps to include all relevant antigens in its national programme. In particular, the universal use of measles vaccine should be encouraged. It is also of concern that some countries are not yet using polio vaccine and that others omit pertussis vaccine from their programmes.

Countries are urged to review current practices regarding the anatomical site of intramuscular immunization. Taking into account the criteria of safety and ease of administration, thigh injection for diphtheria-pertussis-tetanus (DPT) and arm injection for tetanus toxoid are strongly recommended.

The Global Advisory Group reaffirmed its 1983 recommendation to use every opportunity to immunize eligible children: "It is particularly important to immunize children suffering from malnutrition. Low-grade fever, mild respiratory infections or diarrhoea, and other minor illnesses should not be considered as contraindications to immunization. Immunization of children so ill as to require hospitalization should be deferred for decision by the hospital authorities."

Use of oral poliomyelitis vaccine in newborns

Immunization of newborns with trivalent oral poliomyelitis vaccine (TOPV) is a safe, effective means of improving protection against disease and TOPV may be administered simultaneously with BCG vaccine. Although the serological response to TOPV in the first week is lower than that observed from immunization of older infants, 70-100% of neonates benefit by developing local immunity in the intestinal tract. In addition, 30-50% of the infants develop serum antibodies to 1 or more poliovirus types.

In countries where poliomyelitis has not been controlled, use of TOPV in the newborn period may be particularly important in providing early protection. In this situation, oral polio vaccine is given at birth or at first contact, with subsequent doses at 6, 10 and 14 weeks of age. In all countries, routine immunization with DPT and TOPV can be safely and effectively initiated at 6 weeks of age. A schedule designed to provide protection at the earliest possible age is shown below:

Age	*Vaccine*
Birth	TOPV, BCG
6 weeks	TOPV, DPT
10 weeks	TOPV, DPT
14 weeks	TOPV, DPT
9 months	Measles

To protect infants in the neonatal period, all women in the reproductive age should have 2 doses of tetanus toxoid. These should be given during the first pregnancy, if not given previously; in subsequent pregnancies an additional dose is required.

Use of pertussis vaccine

Although currently available whole-cell pertussis vaccines are associated with adverse effects at a rate higher than that of other EPI vaccines, the benefits of their use far outweigh the risks. While work is being pursued to develop improved pertussis vaccines and to study their safety and efficacy, the whole-cell vaccines currently available are effective in reducing morbidity and mortality. Their use should be promoted in developed and developing countries alike.

Surveillance

Important increases in immunization coverage have occurred in most developing countries during the past decade, and those increases are now being accelerated in several of them. Although many countries have surveillance data adequate to reflect disease incidence trends, few developing countries have surveillance data adequate for programme management. Surveillance data, drawn either from the country as a whole or from selected areas, are needed for use by EPI managers at all levels. It is recommended that:

- national surveillance systems for disease control programmes be reviewed with an aim to simplify records and their collection; records should be limited to those necessary for programme management;
- WHO work intensively with national programme managers in coming months to ensure that national data are promptly transmitted to the Organization, even if only on a provisional basis;
- in cases where routine surveillance systems are not adequate for programme management, sentinel surveillance be vigorously pursued as one of the surveillance strategies available to the EPI;
- WHO and national programme managers work together to develop innovative approaches so that the impact of immunization in reducing the incidence of the target diseases during the past decade can be measured; such data are important and help to establish a baseline against which annual progress can be measured in future years;
- outbreak investigations be increasingly promoted as the EPI target diseases are brought under control;
- feedback and necessary action be an integral part of surveillance at all programme levels;

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- Regional Offices support national programmes in ensuring that surveillance data are used to maximum effect by operational managers; this will promote improvement in the quality of surveillance data.

Research and development

Within EPI, research and development aim to improve the capabilities of the delivery system to increase coverage so that further reductions in mortality and morbidity can be achieved. In view of the high dropout rates in some countries, specific research efforts are needed to identify and correct managerial and technical constraints, and to investigate cultural constraints. Current research to identify simpler and more effective methods of vaccine administration were recognized and encouraged.

The Group noted with interest the recent experience of immunization programmes in Brazil and Colombia. Intensified programmes supported by national leaders and including community groups achieved high coverage through well advertised national immunization days. Such strategies need to be evaluated regarding cost, logistics, effectiveness and contribution to achievement of national immunization objectives.

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รายงานกามโรค ประจำเดือนกุมภาพันธ์ พ.ศ 2528
กองกามโรค กรมควบคุมโรคติดต่อ

ชนิดของกามโรค	จำนวนผู้ป่วยกามโรค (ราย)			รวมตั้งแต่ต้นปี
	ชาย	หญิง	รวม	
1. ซิฟิลิส	786	532	1,318	2,384
1.1 ซิฟิลิสระยะที่ 1 และที่ 2	190	106	296	574
1.2 ซิฟลิสระยะอื่น ๆ	596	426	1,022	1,810
2. หนองใน	9,294	8,471	17,765	35,400
2.1 ไม่มีอาการแทรก	8,520	8,121	16,641	33,516
2.2 มีอาการแทรก	774	350	1,124	1,884
3. แผลริมอ่อน	3,121	365	3,486	7,442
4. กามโรคของต่อมและท่อน้ำเหลือง	1,151	107	1,258	2,550
5. หนองในเทียม	5,495	2,316	7,811	14,309
รวมทั้งสิ้น	19,847	11,791	31,638	62,085

หมายเหตุ - กองกามโรคได้รับรายงานประจำเดือนจากหน่วยงานกามโรคทั่วประเทศ ดังนี้

1. สถานกามโรคส่วนกลาง 8 แห่ง
2. ศูนย์กามโรคเขตฯ 9 ศูนย์ (15 หน่วยงาน) (ขาดส่ง 1 หน่วยงาน)
3. หน่วยกามโรคจังหวัด 52 จังหวัด (ขาดส่ง 6 จังหวัด)
4. สำหรับรายงานที่ขาดส่งจะรวบรวมสมทบในเดือนต่อไป