

National Immunisation Coverage: Need for Surveillance

I was rudely shocked when, during our monthly clinical meeting of the TRICHUR branch of IAP on the 6th of March 2007. Dr. T.D. Muralidharan (TDM), Associate Professor of Paediatrics of the Calicut Medical College casually revealed his startling observations on the immunization status of the children he comes across these days at Calicut (North Kerala) which are in striking contrast to those he used to see at Trichur (Central Kerala). He has been serving Trichur Medical College for over 15 years and it is just under one year that he was transferred to Calicut. He was naturally surprised by the depressing state of affairs in the Calicut area, which is hardly 100 km away from Trichur.

In Central Kerala immunization coverage would come close to 100%. We are thus discovering that there are pockets of UP like areas even in Kerala, which presumably have no easy access to the child care delivery services of the state. Should not the IAP give serious thought as to how this state of deprivation could be dealt with. Should not we consider the ways and means for reaching out to the unreached?

TDM was happy that there was no incidence of Polio in that area for over three years or more. Whooping cough was wide spread Diphtheria was not infrequent. He has gathered the impression that there is a slow yet steady decline in the immunization coverage for DTP at least in the Calicut area. Is DTP these days being overshadowed by the more glamorous and much more expensive newer vaccines?

From my own personal experience I can swear that there is very poor co-ordination in the respective functioning of the preventive paediatrics activities of the Medical Colleges in Kerala, which are under the Director of Medical Education (DME), and of the pediatric services of the District Medical Officer of Health (DMOH) under the Director of Health Services (DHS). Ninety percent of the immunization of the community is undertaken by the DMOH. In Kerala at least if the DME and DHS sit together with the IAP as coordinator, I am confident they will be able to come out with a strategy for the pooling of the resources, the wisdom, the experience, the skills, the enthusiasm, the missionary zeal and commitment to the community, welfare of the personnel of the two mighty Government departments and putting these resources to the best use for improving still further the immunization coverage. The full time workers in the field engaged in immunization should also be given a pat in the back to boost their morale.

IAP leadership should seriously consider taking up the initiative for constituting surveillance units on a very modest scale, to start within Kerala—as a pilot project in those 5 Revenue Districts, which have a Medical College in order to monitor the immunization performance in the community. (Surveillance for Polio is now continuing throughout the country for many years). IAP in collaboration with the DME and DHS could certainly do some simple surveillance work with the help may be if NSS and NCC volunteers.

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