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## The Child Immunization Coverage Study and Associated Factors with Full Immunization in Children Aged 12-23 Months

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**Opinion** Article

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### Introduction

To reduce childhood mortality and morbidity around the world, universal immunisation of children against six preventable illnesses (tuberculosis, diphtheria, pertussis, tetanus, polio, and measles) is critical. Improving access to the use of routine immunisation services is without a doubt the best choice for preventing and controlling Vaccine-Preventable Illnesses (VPD). As a result, in 1974, the Extended Programme On Immunisation (EPI) was established as a global initiative to manage and reduce death from vaccine-preventable diseases. Immunization is one of the most powerful and cost-effective health therapies available. It is also thought to prevent debilitating illness and incapacity, resulting in the annual saving of millions of lives. Immunization, for example, prevents an estimated two to three million fatalities from diphtheria, tetanus, pertussis (whooping cough), and measles each year in people of all ages. Furthermore, immunisation benefits a country by lowering the chance of disability from infectious diseases like poliomyelitis. Despite the fact that vaccines are largely considered as an effective strategy for reducing the burden of Vaccine-Preventable Disease (VPD), 26.3 million children under the age of one year were not inoculated with the Diphtheria-Tetanus-Pertussis (DTP) vaccine in 2008. According to a recent report from the World Health Organization (WHO), the number of infants under the age of one who did not receive the Diphtheria-Tetanus-Pertussis (DTP) vaccine was predicted to be 21.8 million in 2013, up from 22.8 million in 2012. Almost 70% of these children live in ten countries, with Africa accounting for more than half of them, including Ethiopia, Kenya, and South Africa. In 2016, an estimated 19.5 million newborns globally did not receive normal immunisation treatments such as the DTP3 vaccine. Despite this recent progress, over 3 million people die each year from vaccine-preventable diseases. Approximately 1.5 million of these deaths are caused by diseases that can be averted by immunisation in children under the age of five.

According to several reports, children's deaths are more common in poor countries. Every year, thousands of children in Sub-Saharan Africa die as a result of communicable diseases that may be avoided if they were immunised. For example, 4.4 million children died in Sub-Saharan Africa as a result of vaccine-preventable disease, out of a total of 9 million deaths worldwide inadequate vaccine coverage and issues in Sub-Saharan Africa are mostly to blame for this. Because vaccine infrastructure in many regions of Africa is inadequate, particularly for routine immunization, which has been recognised as the primary driver of under vaccination. According to a WHO estimate, 60% of children who have not received routine immunization services come from ten countries, the bulk of which are in Sub-Saharan Africa. And five of those African regions, including Ethiopia, continue to see an increase in the number of children who are unvaccinated. Even though Ethiopia's government began implementing EPI in 1980 with the goal of boosting immunisation coverage against six children fatal diseases by 10% per year until reaching 100% coverage in 1990, despite various efforts, this goal has mostly gone unmet. As a result, an estimated 472,000 children under the age of five still die each year, mostly from vaccine-preventable diseases. Despite the country's high prevalence of vaccine-preventable diseases (VPDs), immunisation coverage rates have remained stagnant for years. According to the Ethiopia Demographic Health Survey (EDHS) 2011, coverage levels for the third dose of the Diphtheria-Tetanus-Pertussis Vaccine (DTP) and full immunisation were 36.5% and 24.3%, respectively, at the country level. According to the EDHS 2016, over two-thirds of children aged 12-23 months (39%) received all basic vaccinations at some point, and 22% were immunised by the proper age. The%age of children aged 12-23 months who have received all of their vaccines has grown by 15%, from 24% in 2011 to 39% in 2016. Even though there are some differences in immunisation coverage between regions, the findings in the Southern Nations, Nationalities, and Peoples' Region (SNNPR) are comparable to other parts of the country.

#### Discussion

Vaccination is the cornerstone of well-child prevention, and vaccination coverage is a key indicator of child health outcomes in all nations. Vaccination is one of the most significant public health achievements of the last half-century. However, until recently, a variety of obstacles have hampered the achievement of goals to give comprehensive immunisation in various countries for all those who require it. As a result, increasing vaccination coverage has become a top priority for all countries in order to reduce the negative health consequences of unvaccinated children. Despite visible progress in addressing immunisation delivery globally, immunisation coverage is still insufficient in comparison to its enormous benefit. As a result, the goal of this study was to determine immunisation coverage and variables linked to under vaccination among children aged 12 to 23 months in Mizan Aman. A total of 322 mothers/caretakers were interviewed for this study, with a 100% response rate. According to the findings of this study, 136 (42.2%) of total children examined by card plus history had full immunisation coverage, while more than half (57.8%) of children had not completed the required immunisation schedule. This figure was low when compared to other studies in different regions, such as Istanbul and Mali, where the proportion of fully vaccinated infants aged 12-23 months was 84.5% and 59.9%, respectively. It was also significantly lower than a poll conducted in the Illubabor zone, which found that 65.6% of people had received vaccinations. In this study area, the disparities could be ascribed to mothers/caretakers forgetting the appointment date, a lack of knowledge by mothers/caretakers, and possibly the absence of a health worker on the day of the appointment. In this strategy, moms were asked to show newborn immunization cards as another option to obtain information about their children's immunisation status. According to the findings of this study, 114 (35.2%) of the total



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interviewed mothers/caretakers exhibited their children's immunisation cards. 96.4% of the youngsters had BCG vaccines, and 78.1% had received all of the necessary immunizations. BCG, Penta, and OPV immunisation coverage exceeded 85%. This was a better result than the one reached in the Oromia regional state. This study's

findings were also found to be better than those obtained in Somalia, where just 18% of total respondents had a vaccination card, and overall coverage by card was reported to be BCG 40.9% and OPV3 9.0%.