Editorial

Twenty-five years of immunization program in Nepal

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Recorded immunization history of Nepal goes back to 1850 AD, when Dr. Oldfield inoculated some royalties against smallpox.[1] However, informal sayings go back to ancient period, when treatment of poisonous snake bites by some mild venom was a mode of treatment. Besides, inoculation against smallpox was done in a crude form by Tibetan healers.

Programmatically speaking, Nepal started vaccination against small pox somewhere in the last years of sixth decade of twentieth century. Nepal stepped ahead with Expanded Program on Immunization (EPI) in 1979.[2] Initially piloted in three districts with three antigens (DPT, TT and Measles), the program grew to a national scale in 1989 trough the universal childhood immunization approach. It included six antigens (now termed "traditional ") targeted at infants as recommended by World Health Organization. Along with the global commitment to eradicate poliomyelitis, eliminate neonatal tetanus and control measles, extensive activities have been carried out in the last one-decade successfully. However, their impact is still to be assessed.

The national coverage with vaccination has grown gradually over years and has reached a level of 90% for DPT3 in 2003/04. However, there are wide differences across the districts and villages.

The past 25 years of immunisation has shown many up and downs. The regular supply of vaccine is still an issue of administrative and financial judgment, while we are talking about the right of children to get immunization. Many countries have incorporated new vaccines in their routine immunization schedules, while Nepal has introduced only one over these years: Hepatitis B in 2002. Currently, addition of "new and under-used" vaccines, like MMR, Hemophilus influenza, Pneumococcal vaccines, rotavirus, Hepatitis A and Japanese encephalitis in the immunization program of developing countries is promoted by international organizations. However, firm commitment to include them in the national immunization program (NIP) is still debated, though technically it has been shown that they reduce many mortalities and morbidities.

A current exploration has shown that more than 60% of the total cost in National Immunization Program goes on staff and less than 10% on vaccines. This needs critical judgment to increase the ratio of vaccines and related logistics. Inclusion of new and under used vaccines, used elsewhere, based on burden of diseases and current international practices needs serious consideration, which is also the demand of time.

References

1. Dixit, H. The Quest for Health. 1999. Educational Enterprises. Kathmandu. Pp 18.
2. Acharya S. Expanded Program on Immunization in Nepal. NEPAS J. 1988. Vol 7. pp 89-98
3. WHO
4. MOH/DOHS. 2004.Annual Report. DOHS, Kathmandu
5. Suvedi B. K. 2004. Immunization Programme of Nepal: An Update. Kathmandu University Medical Journal. Vol 2, No. 3, Issue 7. pp 238-243