

Evaluation and Study Affective Factors on Routine Immunization Coverage in Sarepol Province2018-A Descriptive Cross-sectional Study



Abdul Shakour Karimi

Sarepol EPI supervisor/Department of Public Health/ Field Epidemiology Training program graduated / MPH

Abstract

Afghanistan has the lowest routine coverage, according to WHO-UNICEF reports: the coverage rate of Penta3 in Iran, India, Pakistan, and Afghanistan are estimated 99%, 89%, 75%, and 66%, respectively. This study aims to find real coverage in urban area and related factors to vaccinated and un-vaccinated for 12-23 months children 2018 in Sarepol province.

Methodology: This is a descriptive cross-section study that logistical, managerial and security constraints have prompted classical probability-proportional-to-size (PPS) cluster sampling to be modified for application to surveys of immunization coverage. From 10 clusters in urban areas through mentioned method selected 30 clusters and randomly 7 households visited from each clusters. Children's ages were calculated, in months, with respect to the 1st day of the survey. For interview and collected data designed a comprehensive questioner which it has 30 questions. Finally 210 questionnaires entered in epi Info 07 and analysis data in epi Info 07.

Results: In this study from 210 households reported 210 children 12-23 months, which 201(95.71%) participants were mothers that out of it 88(41.90%) were literate. From 210 children 104(49.52%) was boys and 106(50.48%) was girls. Card retention of 96.56% is reported by respondents. This survey shows EPI routine coverage for 12-23 months children for BCG, Meales-1, Penta-1 and Penta3 were 97.14%, 77.14%, 93.81% and 83.81% respectively. Full immunized coverage by gender, 80.18% for girls and 71.15% for boys reported. Dropt rate of vaccine among penta-1, penta-3 and BCG, Measles-1 was 9.27% and 18.90% respectively. 2.86% of 12-23 months children still not received any vaccine in urban areas. The child was sick, immigration, health facilities was far and gaps between vaccine more reported by respondents reasons for incomplete and no

vaccinated. Valid doses for BCG, Measles and Penat3 calculated 93.80%, 71.43% and 80% respectively.

Conclusion: Observed that access and utilization of immunization services in urban areas improved rather past. (Full immunization 75% versus AHS-2018 survey 61%) but, Still there is a lot of children which not received to them any vaccine and the survey results show that the majority of the children were not vaccinated according to the national immunization schedule. High immunization drop-out rates could be overcome by creating awareness of the program and of the relevance of second and third doses of penta, polio and measles vaccines. Measles coverage is very low and expecting more outbreaks in urban areas so recommended to MOPH that would be better strength awareness and implemented measles campaigns.

Speaker Biography

Abdul Shakour has completed his MPH at the age of 26 years from Qazwin University and field epidemiology training program from National Health Institute of Afghanistan. He is provincial immunization supervisor of Sarepol province.

Website

9th International Conference on Hospital Management and Healthcare.

Citation: Abdul Shakour Karimi, Evaluation and Study Affective Factors on Routine Immunization Coverage in Sarepol Province2018-A Descriptive Cross-sectional Study, 9th International Conference on Hospital Management and Healthcare, Barcelona, Spain, 2020.