

Child immunisation

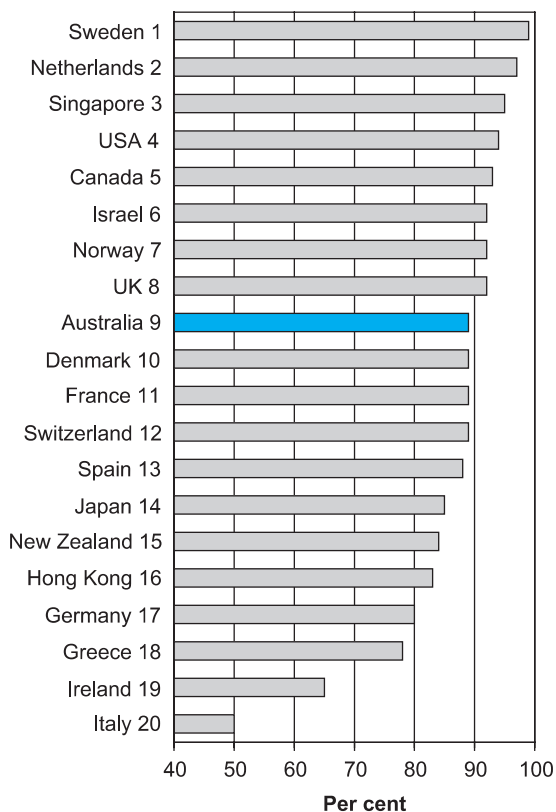


Figure 1: 1-year-old children fully vaccinated for DTP, 1990-1995



Figure 2: 1-year-old children fully vaccinated for polio, 1990-1995

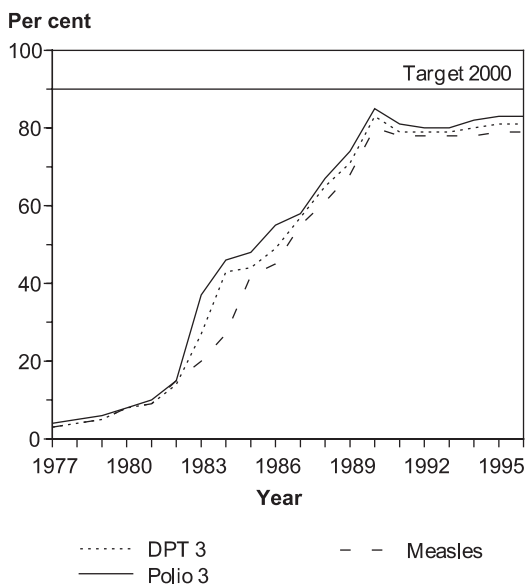


Figure 3: Global EPI coverage, 1-year-old children, 1977 to 1996

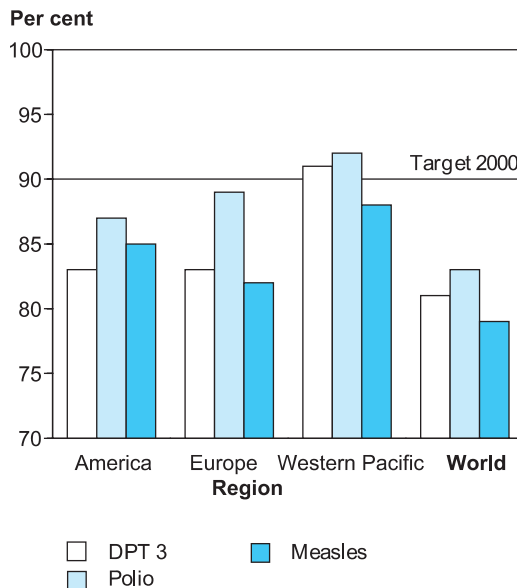


Figure 4: Vaccination coverage of 1-year-old children by selected WHO regions, 1996

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Estimated proportion of 1-year-old children fully vaccinated^(a)

Country	Year	DPT 3	Polio 3	Measles
Australia	1995	89	86	86
Canada	1994	93	89	98
Denmark	1994	89	100	88
France	1991–92	89	92	76
Germany	1994	80	80	75
Greece	1994	78	95	70
Hong Kong	1994	83	84	77
Ireland	1990–91	65	63	78
Israel	1994	92	93	94
Italy	1995	50	98	50
Japan	1993	85	91	68
Netherlands	1993	97	97	95
New Zealand	1994	84	84	87
Norway	1993	92	92	93
Singapore	1995	95	93	88
Spain	1994	88	88	90
Sweden	1994	99	99	96
Switzerland	1991	89	95	83
UK	1994	92	94	92
USA	1994	94	84	89
Global average	1996	81	83	79

(a) Coverage for children aged up to 2 years are included for countries recommending vaccination at, or later than, 12 months. Three primary doses of polio and DPT vaccine, and one of measles and BCG vaccine (not shown here).

Sources: WHO 1996a; ABS 1996a.

- Lack of immunity is a risk factor for several devastating infectious diseases. Immunisation against preventable diseases such as diphtheria, pertussis (whooping cough), tetanus, measles and poliomyelitis is an effective public health measure. In 1990 alone, immunisation is estimated to have prevented 3.2 million deaths from measles, neonatal tetanus and pertussis, and 445,000 cases of paralysis from poliomyelitis worldwide (WHO 1992a).
- The Expanded Programme on Immunisation (EPI), initiated by the World Health Organization in 1974, aims to achieve global coverage against a number of vaccine-preventable diseases. Most developed countries are on target to achieve the year 2000 WHO goals of 90% immunisation and the global eradication of poliomyelitis (Figures 1 and 2). By 1996, some 83% of the world's infants were estimated to have received all three primary doses of polio vaccine. Global coverage was estimated to be 81% for all three primary doses of DPT (diphtheria–pertussis–tetanus) vaccine and 79% for measles (Figures 3 and 4).
- The endorsement of immunisation targets such as those for the year 2000 aids in spurring the international community to action. To date, success in immunisation has been achieved through the cooperative efforts of national governments and development agencies, WHO, UNICEF and other nongovernment organisations. Investment in immunisation not only saves lives but also reduces the need for costly curative and rehabilitative care.
- Although in 1995 Australian vaccination levels at 12 months of age were considered satisfactory, levels after this age declined substantially. To be fully vaccinated according to the NHMRC schedule, children need to attend a clinic or visit a doctor at least six times, at 2, 4, 6, 12, 18 months of age and prior to school entry. Recent outbreaks of preventable diseases have spurred efforts to address low immunisation levels.

For more information, see:

Kim-Farley R 1992. Global immunization. *Ann Rev Public Health* 13: 223–38.