

Adverse effects following immunization factors associated with mothers knowledge and practice on immunization.

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Nearly 70 percent of mothers had a good basic knowledge on vaccine preventable diseases and nearly 90 percent had a good basic knowledge on age appropriate immunization. However, only 50 percent of mothers had a good knowledge on contraindications and approximately 40 percent had a good knowledge on AEFI. Knowledge on vaccine preventable diseases (PO.O I), AEFI (PO.O 1), timeliness (PO.OO 1) and contraindication on immunization (PO.OO 1) was significantly associated with the mothers' level of education. In addition, Sinhalese ethnicity was associated with the higher level of knowledge on age appropriate immunization (PO.OOI) and contraindication (PO.OOI). The knowledge on AEFI was significantly associated with the younger age (except below 19 years) of the mother (PO.OO 1) too. Immunization coverage for EPI vaccines in the study group was 100 percent during the infancy and has gradually decreased with the increasing age of the child. The Non-EPI vaccine utilization was low (HiB-1091 percent, MMR-5.83) and was associated with the socio economic status of the family. Approximately 10 percent of children were delayed for their respective vaccine and it also was more evident after the infancy. Approximately 9 percent of immunizations were associated with at least one of the AEFI. Majority of children (2/3) who experienced adverse effects had taken treatments from the private practitioners or had practiced home remedies only. The commonest antigen which led to AEFI was DPT (95.56 percent in 2005 and 86.21 percent in 2006) in the Kalutara MOH area. The rate of AEFI for OPT was 549 per 1000 immunizations in 2005 and 12.68 per 1000 immunizations in 2006. The rate of AEFI was significantly higher (PO.OO 1) in 2006 when compared with 2005. The common types of reactions reported were high fever, allergic reaction and severe local reactions. Health education programmes on immunization giving special consideration to side effects and AEFI targeting the mothers with lower educational attainment would help to sustain the existing high immunization coverage. Mechanisms for reporting of AEFI by Private Practitioners and more detailed research on underreporting of AEFI are further recommendations.