

Correspondence

Immunization coverage and its determinants among children 12-23 months of age in Aden, Yemen

To the Editor

I am pleased to know that high immunization coverage (83.1%) is achieved in children 12-23 months of age in Aden, Yemen.¹ However, the remaining 16.9% of children who did not have complete immunization still yield deep concerns. I presume that many reasons generally contribute to parental decline of completing immunizing their children. Non-availability of vaccines, inconvenient time/venue, and being unaware of need for additional doses are well-known reasons. However, parental misbelief on vaccines still represent a major factor contributing to total parental refusal to immunize their children, particularly in developing countries. These might include interference with child's natural immunity, contradictions with God's will, being ineffective, and taking the child to the clinic for immunization wastes a lot of time and money. The World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) have produced a new Global Immunization Vision and Strategy for 2006-2015, which aims to protect more people of all age groups against more diseases, and set a number of immunization goals.² Therefore, it would be pertinent to scrutinize real factors hampering immunizing children in Yemen, and institute suitable programs to mitigate these factors towards increasing the immunization coverage to more than 90%.

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Reply from the Author

I agree with you that the 16.4% of incompletely immunized children indicated an existing problem having its root in the religious and cultural beliefs of the parents, the availability and access to health care services, and the perception of such services among the population. In our future article (under review in another journal), we qualitatively highlighted such factors in the Yemeni context, which seem to shape the immunization practice of the community.

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References

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2. World Health Organization Media Centre. Immunization maintains strong performance made in last quarter century. Press release WHO/GAVI/PATH. [updated 2005 October 4. Accessed 2010 Dec 08] Available from URL: <http://www.who.int/mediacentre/news/releases/2005/pr48/en>

Case Reports

Case reports will only be considered for unusual topics that add something new to the literature. All Case Reports should include at least one figure. Written informed consent for publication must accompany any photograph in which the subject can be identified. Figures should be submitted with a 300 dpi resolution when submitting electronically or printed on high-contrast glossy paper when submitting print copies. The abstract should be unstructured, and the introductory section should always include the objective and reason why the author is presenting this particular case. References should be up to date, preferably not exceeding 15.