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American Academy of Pediatrics

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Immunization Action Month, October 1974

Committee on Infectious Diseases

The Executive Board of the American Academy of Pediatrics, in a recent session, unanimously approved a resolution supporting Immunization Action Month, October 1974, in order to stimulate a more widespread immunization of American children against poliomyelitis, diphtheria, rubella, mumps, pertussis and tetanus. It is completely appropriate, therefore, that the Academy take an active role in a nationwide effort to make October 1974 a month for emphasis and promotion of childhood immunization. Joining with the Academy in this effort are the American Medical Association, American Academy of Family Physicians, National Medical Association, American Osteopathic Association, American Nurses Association, American League of Nursing, five major service organizations and five manufacturers of biologics.

The entire campaign is initiated and coordinated by the Center for Disease Control. The aims of this national effort are twofold: (1) "to motivate parents to check the immunization status of their children with their family doctor"; and (2) "to create receptivity on the part of the physician to these parental inquiries and encourage him and his office nurse to conduct an ongoing office audit of the immunization record of every child he sees." A third goal should be to make every effort to reach those indigent and other disadvantaged groups who do not receive consistent health care.

Why is such a campaign necessary? The striking reductions in the numbers of reported cases of diphtheria, tetanus, pertussis, poliomyelitis, and measles attest to the remarkable efficacy of the vaccines in the prevention of these diseases. Disquieting information has arisen from two sources: (1) the surveillance reports of infectious diseases; and (2) the surveys of the immunization levels of preschoolers and those children at the time of school entry.¹ As examples from the first source we have experienced sporadic outbreaks of diphtheria which in recent years have occurred in California, Chicago, Arizona, Texas, Louisiana, and the state of Washington.² In nearly all these outbreaks, small or large, the highest attack rates have been in preschool and elementary school children who were unimmunized or only incompletely immunized. "Mini-epidemics" of measles have continued to flare among populations with low rates of immunization. Epidemiologic investigations have demonstrated repeatedly that the great majority of cases have resulted from groups of unimmunized, measles-susceptible children. The second source (immunization surveys) provides an example in the disclosure of the diminishing rate of protection against polio among our

preschool population. In 1964, nearly 88% of children aged 1 to 4 years had received a recommended course of polio virus vaccine. In 1972, only 63% of the same age group had been similarly immunized.¹ The constant reminder of the presence in our environment of virulent polio viruses (Greenwich, Connecticut, 1972; Trinidad and Tobago, 1971 to 1972; Nicaragua, 1971 to 1972; Argentina, 1970 to 1971; Texas, 1970 to 1971)² makes this decreasing protection alarming. The substrate for an outbreak of paralytic disease is continuing to accumulate as larger numbers of preschoolers remain without immunity to the polio viruses.

There are many complex, interacting reasons for the persistent failure to achieve optimal immunization of all children. Sociologic, economic, educational, political, and logistical factors are all involved. They do not permit any simple, immediate solutions, but a number of different approaches have already been initiated through programs which attempt to provide all the essential elements of infant and child health care to those groups previously unreached by traditional systems. For October's campaign, Immunization Action Month, the pediatrician is urged to examine more carefully the immunization status of all children under his care. At least two developments may have contributed to a somewhat relaxed attitude on immunization by some physicians and parents. Our relative freedom in the past decade from many of the previously inevitable infectious diseases has fostered one element of parental complacency. At the same time, the increased tendency to concentrate medical attention on more focal aspects of illness and health has occasionally left immunization without a continuing physician advocate. Medical center and university subspecialty groups have now and then abetted this trend by their exquisite attention to detail but detachment from concern with some basics such as immunization status. If it is to succeed in more than an evanescent fashion, October's focus on immunization should initiate a renewed and continuing concern that will permeate pediatric practice, public health and educational programs for all careers which converge on child health.

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