



Role of National Immunization Technical Advisory Group on improvement of immunization programmes in the Islamic Republic of Iran

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ABSTRACT

The National Immunization Technical Advisory Group (NITAG) was established in Iran in 1982 and has made many important technical recommendations (e.g., regarding polio eradication, introduction of new vaccines, organizing special studies) that have contributed to a dramatic decline in vaccine preventable disease burden. The NITAG consists of experts from the Ministry of Health and Medical Education (MOHME), vaccine manufacturers, and medical universities with national Expanded Program of Immunization (EPI) staff serving as the secretariat. It is not completely independent from MOHME or EPI. It meets on a quarterly basis, and publishes national guidelines and immunization schedules that are updated regularly. Although primarily an advisory body, representation from MOHME members, including the EPI manager, ensures almost universal implementation of NITAG recommendations.

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1. Introduction

1.1. Socio-demographic context

The Islamic Republic (I.R.) of Iran is located in the Eastern Mediterranean Region (EMR), bounded in the north by Turkmenistan, the Caspian Sea, Azerbaijan and Armenia, in the east by Afghanistan and Pakistan, in the south by the Persian Gulf and the Oman Sea and in the west by Iraq and Turkey. A semi-arid plateau, with high mountain ranges and bare desert, the country experiences extreme weather conditions having implications for service delivery.

Administratively the country is divided into 30 provinces, 350 districts, 885 cities and approximately 68,000 villages. It is clas-

sified as an upper middle-income country with Gross National Income per capita at US\$10,800 in 2007 based on World Bank estimates [1].

The total population has doubled over the past three decades, estimated at 70 million in 2006. Urban dwellers account for 67% of Iran's total population. The crude birth rate per 1000 population was 18.1 in 2006 with a crude death rate of 5 per 1000, with a population growth rate of 1.4% (Fig. 1).

1.2. Immunization programme

Immunization in Iran is one of the oldest public health interventions. Iran gave its first immunization against smallpox, in 1829. In June 1941, a law passed by the parliament stressed the importance of vaccination against smallpox. According to Article 16, parents were held legally responsible for ensuring the complete vaccination of their children. Educational authorities were required to obtain vaccination certificates for all students prior to registration at school and all employers in both government and private sectors were required to obtain similar certificates for their new employees.

Following Iran's endorsement of the Alma-Ata Declaration on Primary Health Care (PHC) in 1978, the Expanded Program of Immunization (EPI) was accepted as one of the main components of PHC and since 1984 chancellors of the Universities of Medical Science and Health Services were given the responsibility for

Abbreviations: CCDC, Center for Communicable Diseases Control; DPT, diphtheria, tetanus and pertussis; EMR, Eastern Mediterranean Region; ECBS, Expert Committee on Biological Standardization; EPI, Expanded Program of Immunization; Hib, Haemophilus influenzae type b; GACVS, Global Advisory Committee on Vaccine Safety; I.R. Iran, Islamic Republic of Iran; MOHME, Ministry of Health and Medical Education; MMR, measles, mumps and rubella; NITAG, National Immunization Technical Advisory Group; OPV, oral polio vaccine; PHC, primary health care; RCC, Regional Certification Committee for polio eradication; SAGE, Strategic Advisory Group of Experts; SIA, supplementary immunization activities; WHO, World Health Organization.

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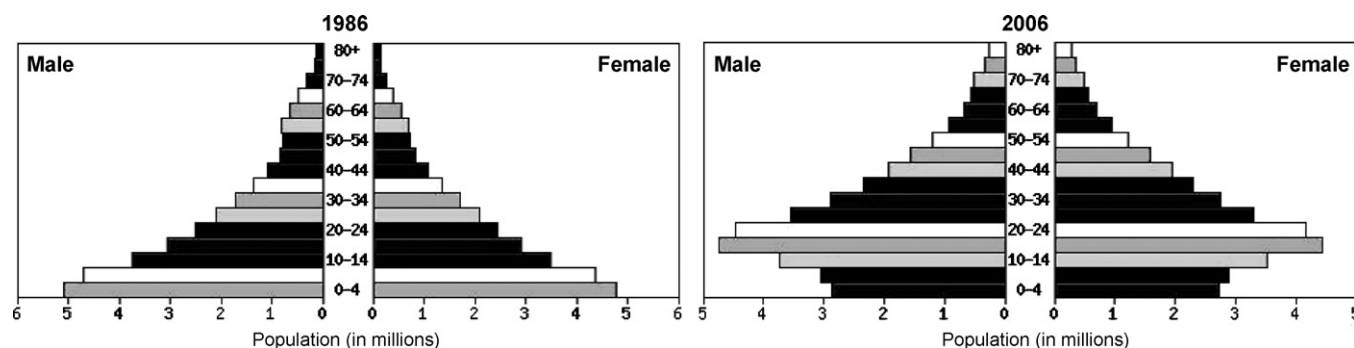


Fig. 1. Age distribution of the population in the Islamic Republic of Iran 1986–2006.

Table 1

The history of immunization programmes including the introduction of new vaccines and immunization milestones and achievements.

Milestone/achievement	Year
First small pox vaccination	1829
Domestic vaccine production	1944
Start of compulsory school- and job-entry check	1945
Establishment of National Immunization Technical Advisory Group	1982
Establishment of Expanded Program of Immunization	1984
Addition of hepatitis B vaccine	1993
National Immunization Day for polio eradication	1993
Validation of maternal and neonatal tetanus elimination	1995
Certification of 'polio free' status	2001
Mass campaign for measles elimination	2003
Introduction of measles–mumps–rubella vaccine	2004
Addition of Haemophilus influenzae type b vaccine as combination vaccine with diphtheria–tetanus–pertussis and hepatitis B	2010

its implementation. Table 1 shows the history of immunization programmes including the introduction of new vaccines and immunization milestones and achievements. Table 2 shows the 2009 Iranian schedule of routine childhood immunization.

2. Origin of the National Immunization Technical Advisory Group

The first immunization committee in Iran was established in 1982 prior to the initiation of EPI. This committee had the following members:

- Under-secretary for Health Affairs, Ministry of Health.
- Director General, Center for Communicable Disease Control (CCDC), Ministry of Health.
- Head of Immunization Department, CCDC.
- Head of Razi Vaccine Research and Serum Production Institute.

Table 2

Immunization schedule of Expanded Program of Immunization programme in Iran, 2009.

Age of vaccination	Type of vaccine ^a
At birth	BCG, OPV, HepB
2 months	OPV, DTwP, HepB
4 months	OPV, DTwP
6 months	OPV, DTwP, HepB
12 months	MMR
18 months	OPV, DTwP, MMR
6 years	OPV, DTwP

^a BCG, Bacillus Calmette–Guérin; OPV, oral polio vaccine; HepB, hepatitis B vaccine; DTwP, diphtheria tetanus and whole cell pertussis vaccine; MMR, measles–mumps–rubella vaccine.

- Head of Pasteur Institute of Iran.

In 1985, the committee was reconstituted and renamed the NITAG with integration of Medical Education into the Ministry of Health to form the Ministry of Health and Medical Education (MOHME). Accordingly the membership of the NITAG was revised to include pediatrician(s), infectious disease specialist(s), virologist(s), community medicine specialist(s), epidemiologist(s) and other public health experts. These members are nominated by the Director General of CCDC and approved by the Deputy Minister of Health. As of January 2010, The NITAG consists of 17 members. The NITAG was established following approval of the EPI programme by the Cabinet of Ministers with the mandate to provide evidence-based advice to the MOHME on national immunization policy.

2.1. Terms of reference and process of meetings

The NITAG has carried out the following activities:

- Revising and updating the immunization schedule.
- Making recommendations for introduction of new vaccines into the immunization programme.
- Consulting about supplementary immunization activities.
- Making technical recommendations in line with global elimination and eradication targets.
- Responding to questions received from medical universities linked to decision making at national level.

The NITAG has provided, and revised seven times, a “National Guideline and Schedule of Immunization”, with the latest edition published in 2009 for use by medical professionals, health care workers and medical students. NITAG produces minutes of its meeting, which are disseminated to senior authorities in the MOHME but are not publicly distributed.

2.2. Members

The new members of the NITAG are nominated by the Director, CCDC and approved by the Deputy Minister of Health. Members are recruited initially for a 3-year period, but there are no term limits. There are three ex-officio members representing the Pasteur Institute of Iran, the Razi Vaccine Research and Serum Production Institute and the CCDC. They can participate in discussions actively and may vote like other members to reach consensus. Non-government members do not receive any payment for serving on the immunization advisory group but membership is considered prestigious.

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