

# Dever

ISSUE EDITOR

BOOK REVIEW EDITOR



## Immunizations, complacency, and young investigators

As we near *Health for All 2000*, vaccine preventable diseases are still a concern in the Pacific and continue to be a cause of mortality and suffering for both children and adults. One piece of good news is that WHO soon may be able to formally announce the elimination of polio and leprosy in the Pacific. New vaccines are also making their impact particularly for hepatitis B and Haemophilus influenzae type B diseases. With time we should also be able to realize significant decreases in mortality and suffering from liver disease – hepatoma and chronic hepatitis – which, in parts of the Western Pacific, is the sixth leading cause of death. Anecdotally, we are seeing much less H. Flu meningitis, traditionally the leading cause of bacterial meningitis in children.

However, there are reasons not to be overconfident. While all three countries mentioned by Mahoney *et al* were enjoying decreasing Hepatitis B carrier rates, the measles virus exposed the inadequacy of some immunization programs. Two out of these three island countries showed excessively high measles mortality rates and, through emigration to an adjacent island country not mentioned, citizens from one of the three island countries were over-represented in measles cases and accounted for the only measles fatalities recorded in their adopted country.

The short article by Skilling in this issue on immunization compliance in a local school, although dated, underscores our complacency. As a second year medical student Skilling picked the school where her children were students which was only half a kilometer from the local Public Health clinic. In spite of a national School Entry Immunization Act only about 50% of the children were adequately immunized. One of her initial self directed research report recommendations implied that the Principal be arrested for non-compliance to the School Entry Immunization Act. Lemuel, in a wider study (1989–1990) of public elementary schools on the same island, found Skilling's results not the exception but the rule<sup>1</sup>. Since that time there have been many expensive international donor agency inspired country reports, situational analyses, national plans of action, reports on children's rights to basic health care, and maternal child health grant narratives focusing on regional immunization rates and unabated death

and suffering related to measles and pertussis epidemics in the region. Recently, medical student Ngirasowei<sup>2</sup>, on the same island, in a low cost and simple study found that only 58% of two year olds were fully immunized and that previous official reports had grossly overestimated local immunization coverage. About the same time another student, Marcil<sup>3</sup>, found that children living in rural areas were 2 times less likely to be adequately immunized than

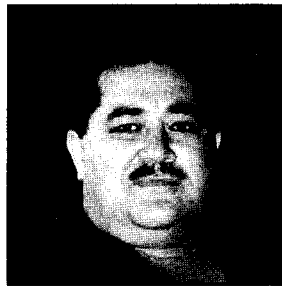
children living near the commercial center of the island. Interestingly, in rural areas, the closer children lived to a dispensary, the less likely they were to receive adequate immunizations.

Developing our own human resource capacity and confidence to address local health care problems is a vital mission. Robertson *et al* in this issue emphasize the hands on training approach to community health previously echoed by Pointer<sup>4</sup>. The importance of training and promoting future investigators has also been addressed by Yu<sup>5</sup> and Blaisdell and Chen<sup>6</sup> in past issues. We hope that such PHD articles by Lemuel and Skilling and hopefully future articles by young investigators like Ngirasowei and Marcil keep us informed and vigilant regarding immunization coverage and other health issues. This will help us chart a more responsive and sensible course into the next century.

1. Lemuel A. School Entry Immunization Act: the compliance of the Pohnpei Public School System. *Pacific Health Dialog*, 1992; 1(2): 27–28.
2. Ngirasowei J. Immunization coverage by two years in a cohort of children born during 1992 residing in Pohnpei. *Unpublished self-directed research project paper*, PBMOTP, 1996.
3. Marcil A. Immunization coverage: rural vs central. *Unpublished self-directed research project paper*, PBMOTP, 1996.
4. Pointer A. Hands on training in the management of primary care facilities: a PBMOTP initiative. *Pacific Health Dialog*, 1995; 2(1): 161–168.
5. Yu ESH. Letter to the Editor: Pacific Health Dialog and the training of indigenous health scientists. *Pacific Health Dialog*, 1996; 3(1): 124–125.
6. Blaisdell K, Chen M. News: Research and training for Pacific island and Asian Americans. *Pacific Health Dialog*, 1996; 3(1): 130. □

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PHD EDITOR



On behalf of PHD, I acknowledge the contribution and endurance of Pacific health workers. Recently Hon. Dr. Sione Tapa, Minister of Health, Tonga retired. Many Pacificans and internationalists do appreciate his immense contribution to the Pacific and WHO. PHD wish Dr. Tapa a well-deserved interval from health in Tonga, the Pacific and the world.

## PHD matters!

Three years and six issues old! That's how long PHD has been around. Thanks to one and all who have supported, constructively criticised and funded this important Pacific health initiative. For this issue I thank the Issue Editors Dr. Greg Dever and Raul Rudoy.

A sample of landmarks in this issue are:

- Firstly, Pacific Basin Medical Association (ex-Micronesian Medical Association) have adopted the PHD as its official journal. Welcome and may this be a long and bountiful association. Let PHD, like the vast Pacific Ocean, connect all Pacificans!
- Secondly, important organisations are worried by the perspectives in PHD enough to apply pressure on contributors not to publish. This is an indicator that PHD is being read in the right places and that its content matters. Anything that is worthy of smothering by important people must be worthy of this higher order of bother. God speed PHD!

Postgraduate training in the Pacific has featured in many issues of PHD including this one. I hope this Pacific initiative will not be overtaken by well-meaning expatriate enthusiasm that we have to repair and re-orientate again a few years down the track. It matters to PHD what Ireland, *et al* alluded to in this paper (which was what?). Peoples of the Pacific now need to experience, as Yani calls it, 'their own growing pain' rather than paining from others learning and growing on them.

In 1997 the theme of PHD issues are *March - Medical Education and Health Reform* and *September - Health of Pacific People in New Zealand*. The September issue is the start of a series of geographic focus issues. Effective dialog on thematic issues by jurisdiction needs a local focal person to drive it. We need a volunteer for this labour of love in each jurisdiction so please let me know so you can add to PHD matters.

For all issues the Editor, of course, has the final decision. Therefore all comments and PHD matters rest squarely on my shoulders. So do drop me a line today if you are sad or happy about PHD matters.

