

Galvanizing government institutions into vaccinating undergraduate medical students: An indispensable practice

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Madam, healthcare workers (HCW) are at an increased risk of needle-stick injuries due to occupational exposure. A significant fraction of infection with hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV) amongst HCWs is due to percutaneous injuries, which is around 37%, 39%, and 4.4%, respectively.¹ Undergraduate medical students are expected to undertake tasks associated with patient care from the commencement of their clinical years. As they lack experience and skill, the students are at an increased risk of exposure and subsequent infection from unsafe practices related to needles and sharps.²

According to a study conducted in seven medical colleges across Karachi, 79% students claimed to be vaccinated for hepatitis B but only 70.6% were fully vaccinated with 3 doses.³ The most common reason for not getting vaccinated was the belief that they were not at risk of being affected (33.7%) followed by the inability to meet the financial requirements (31.2%) and carelessness towards getting vaccinated (27.2%).⁴

The usual practice carried out internationally⁵ and in many universities across Karachi, mostly in the private sector,⁶ is thorough and exemplary. Moreover, medical students applying in various elective programmes abroad also require multiple vaccinations.⁷ However, the medical institutions in the government sector neglect the overall importance of the administration of these vaccines, and as a result medical students may suffer from various infectious diseases due to their service to the affected population.

However, the situation is not as bleak because a few research-based immunisation programmes have been initiated by organisations like Sindh Institute of Urology and Transplantation (SIUT) that provide medical students with free-of-cost vaccination.⁸ However, few institutions

alone are not enough to cater the large number of students enrolled in government institutions.

To counter the aforementioned problems caused by the blatant negligence towards vaccination practices by both the administration and students of medical universities, vaccination should be made mandatory and provided free-of-cost at institutional-level, access to vaccination should be made convenient and peers and teachers at university should be more encouraging in this regard.⁹ Studies also show that there has been an increase in uptake of vaccinations with evidence-based discussions and awareness campaigns. Therefore, medical universities should focus on educating the students about the necessity of vaccinations for the prevention of communicable diseases as well as designing a foolproof system for monitoring it.¹⁰ The immunisation plan should cover tetanus, diphtheria, and pertussis (Tdap), polio (OPV), hepatitis B, varicella, measles, mumps and rubella (MMR), tuberculosis, seasonal influenza, and in certain circumstances, meningococcal disease and typhoid.

A programme ensuring the proper and up-to-date immunisation is highly recommended as it is in the interests of the safety and health of the medical students — the country's most valuable asset — as well as that of the patients.

Disclaimer: None to declare.

Conflict of Interest: None to declare.

Funding Disclosure: None to declare.

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