



FOURTH ANNUAL VACCINATION WEEK IN THE AMERICAS

(VWA 2006)

FINAL REPORT



22-29 April 2006

Background

Vaccination Week in the Americas (VWA) is an initiative of the countries of the Region of the Americas, supported by the Directing Council of the Pan American Health Organization (PAHO) through resolution CD44.R1 (2003), and proposed originally by the Ministers of Health of the Andean Region. The underlying principles of this hemispheric initiative are equity, access, and Pan-Americanism. The purpose of VWA is to strengthen the regular immunization programs and to identify and reach populations without access to immunization who are at most risk of contracting vaccine-preventable diseases. Furthermore, VWA has become a regional health activity that reaches not only children but all members of the family and the community (Table 1).

Table 1. VWA Objectives and Priority Populations

Objectives	Priorities
<ul style="list-style-type: none">• Vaccinate children <5 years of age and women of childbearing age with 0 dose or an incomplete series.• Vaccinate other groups, such as adults and people aged >60 years.• Maintain the Region free of polio and measles.• Support the implementation of plans to eliminate rubella and congenital rubella syndrome.• Strengthen epidemiological surveillance.	<ul style="list-style-type: none">• Municipalities with low coverage.• Urban fringe areas, particularly those with poor, peri-urban neighborhoods.• Border areas with high levels of migration.• Indigenous groups.• Ethnic minorities.• Remote areas.• Other populations, such as health professionals and other groups at risk.

Planning for VWA starts approximately six months ahead with workshops and meetings among countries—such as meetings of the managers of the Expanded Program on Immunization (EPI)—to calculate vaccination goals, identify target populations, and program border meetings and launchings.

In its four years of existence, VWA has grown in terms of participation, from 19 countries in 2003 to 40 countries and territories in 2006, with the vaccination of more than 148 million people. VWA has also reached populations that are vulnerable or at risk of contracting vaccine-preventable diseases. In 2006, countries planned to vaccinate more than 39 million children, young people, adult men and women, and older adults with 16 antigens (Table 2).

Through resolution CE138.R4 of June 2006, the PAHO Executive Committee recommended that the PAHO Directing Council urge the Organization's member countries to continue their support for a yearly VWA, requesting assistance for efforts to fulfill the unfinished agenda in areas with low vaccination coverage through initiatives such as VWA.

Table 2. VWA 2006 Vaccination Goals by Target Population and Sub-region

Sub-region	< 1 year	1-4 years	<5 years	>5 years	Woman of childbearing age	Adult rubella/measles	> 60* years Influenza	Other**	Total
Andean Region	399,876	2,269,258			200,000	3,882,608		1,777,104	8,528,846
Central America and Latin Caribbean	66,622	11,457 ***	3,760,053	303,000	301,292	11,347	31,712	40,000	4,525,483
English- and French-speaking Caribbean	300	3,300	35,270	450				1,110	40,430
North America and Mexico			10,000,000						10,000,000
Brazil							12,000,000	280,000	12,280,000
Southern Cone		212,000			500,000		2,110,000	1,213,000	4,035,000
Total	466,798	2,496,015	13,795,323	303,450	1,001,292	3,893,955	14,141,712	3,311,214	39,409,759

Source: Country plans of action received as of April 2006.

* Argentina, Chile, and Uruguay to vaccinate adults aged 65 and over against influenza.

**Includes indigenous populations, influenza vaccination for at-risk groups, and other adults, as well as yellow fever vaccination.

***Includes children older than 9 with oral poliovirus (OPV) booster.

VWA 2006: 22-29 April

The regional launch of VWA 2006 took place in the State of Arizona, on the border between the United States and Mexico. During the international press conference, Dr. Anne Schuchat, Director, U.S. Immunization Program, Dr. Romeo Rodríguez, Director, Mexico's National Center for Child and Adolescent Health, and Dr. Frank Plummer, Lead Scientific Adviser, Public Health Agency of Canada, spoke about the efforts by their respective countries to protect their populations by maintaining high levels of vaccination coverage, as well as future challenges. This marked the first time that representatives of these three countries met along a border area to raise awareness on the importance of vaccination and to emphasize the efforts of the countries and the technical contribution of PAHO to achieving positive immunization results in the Region of the Americas.

Similarly, other border launches and activities were conducted to strengthen cooperation among the countries at the local and national levels. These events are significant because they underscore the importance of these border areas in terms of the unfinished vaccination agenda, since they include vulnerable populations. In addition to activities along the border between Mexico and the United States, activities were also held along border areas between Panama and Costa Rica, Honduras and Nicaragua, and Suriname and French Guiana (Figure 1).

The national and bi-national events were attended by national authorities. The President of Panama formally introduced the rotavirus and influenza vaccines during that country's VWA. The events also were attended by three First Ladies and the Ministers of Health of

Dominica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Panama, and St. Vincent and the Grenadines, as well as by representatives of international agencies (Figure 1).

Figure 1. VWA 2006: National, Binational, and Trinational Events



Country reports and mission reports by international consultants.

Role of PAHO

PAHO offers technical and financial support, especially for priority countries, and acts as the broker for interagency cooperation among the countries, which has been a key element

in the success of VWA. Agencies such as the U.S. Centers for Disease Control and Prevention (CDC), the Global Alliance for Vaccines and Immunization (GAVI), the Canadian International Development Agency (CIDA), the United Nations Children's Fund (UNICEF), the Spanish Agency for International Cooperation, the Sabin Vaccine Institute, the March of Dimes, the Latin American Network of Municipalities, schools for health promoters, and local partners such as Rotary International and other non-governmental organizations supported the initiative with their presence in and financing of events and logistical needs of each country. This year more than US \$400,000 was mobilized.

In 2006, technical cooperation from PAHO was complemented with administrative cooperation. For the first time, PAHO sent not only members of the Immunization Unit technical team to the participating countries, but members of the PAHO Procurement and Revolving Fund teams as well. In addition, five staff members from the video and photography team of the Office of Public Information were sent to the U.S.-Mexico border to document the regional launch and the main VWA events. A total of 21 staff from the technical and administrative team, as well as staff from the CDC, were sent to 11 countries.

PAHO designs a mass media campaign each year that includes public service announcements for radio and television involving entertainment and sports celebrities. Stickers and posters adapted to local needs are also designed to publicize vaccination activities during VWA. The objective is to support the participating countries in the mass communication of a clear vaccination message. During VWA 2006, posters and public service announcements were designed using an animated image of Ronaldinho Gaúcho, one of the most famous international soccer stars. In this way, the campaign took advantage of the popularity of this year's Soccer World Cup.



VWA 2006 Results and Analysis of Indicators

The countries exceeded their initial goal for VWA 2006 by almost 10 million, vaccinating more than 49 million people. Seventeen countries vaccinated more than 18 million children aged <5 years. Eight countries vaccinated more than 4 million children aged >5 years, and more than 1 million women of childbearing age in six countries were vaccinated against tetanus. Four countries vaccinated 6.8 million adults (men and women) against measles/rubella, and three countries vaccinated 15 million adults aged > 60 years against influenza. Four countries vaccinated more than 160,000 people in high-risk occupations, such as health care and emergency response. Brazil vaccinated nearly 50,000 of the country's indigenous people. VWA demonstrates the transition from child to family immunization (Table 3).

Country	0-12 months	1-4 years	<5 years	>5 years	WCBA	>60 years	Adult MR	Indigenous	High-risk occupations	Other populations ^b	Total
Aruba ^c											
Bahamas										528	528
Bolivia							3,676,678				3,676,678
Brazil						13,517,739		48,859			13,566,598
Chile		284,670			65,284 ^d	1,192,509			94,919	505,449	2,142,831
Colombia			1,859,323								1,859,323
Costa Rica	170	610		6,021					30,000	17,353 ^e	54,154
Cuba			525,875 ^f								525,875
Dominican Republic			605,420								605,420
El Salvador	11,437	698,412			92,248		950 ^g			52,278 ^h	855,325
Guatemala	77,140	32,818 ⁱ			104,478						214,436
Haiti			5,041		7,595						12,636
Honduras			815,783								815,783
Jamaica	1,081	522		1,254 ^j							2,857
Mexico	1,908,558	8,210,725		78,705 ^k	823,421					550,427 ^m	11,571,836
Montserrat				202					40		242
Nicaragua			661,774								661,774
Panama			11,280		22,808		12,369				46,457
Paraguay	40,357	58,374			71,986	200,689			36,252 ⁿ	109,491	517,149
Peru	200,705	180,768 ^o		861,734 ^p						1,591,773 ^q	2,834,980
Suriname	158	635		58							851
Turks & Caicos ^r				60							60
Venezuela			2,372,882	3,750,709 ^s			3,129,584 ^t			584	9,253,759
Total	2,239,606	9,467,534	6,857,378	4,698,743	1,187,820	14,910,937	6,819,581	48,859	161,211	2,827,883	49,219,552

Source: Country reports as of 18 August 2006.

* Argentina and Ecuador did not have data available at the time of this report. Preliminary results for Suriname.

^aWomen of childbearing ages.

^bOther populations include: adults vaccinated against Hep B, men with Td, chronically ill, and adults with YF.

^cAruba reported vaccination coverage.

^dPregnant women against influenza.

^eYoung people vaccinated against Hep B; men and women against tetanus.

^fChildren 3 and 9 years of age with OPV booster.

^gVaccination to traveler

^hAdult men 10-60 years against tetanus.

ⁱMMR vaccine to 1-year-old children.

^jChildren 4 years and up.

^k728,823 men and women were also vaccinated against measles/rubella.

^lSchool children: MMR; 6th grade Td.

^mTd vaccine to men 12+ and women 45+.

ⁿMale farmers, mechanics, refuse collectors and fishermen vaccinated against tetanus.

^oYellow Fever (YF) in children 2-4 years.

^pYellow fever vaccine for children 5-14.

^qYellow fever vaccine for adults 15-60.

^rVaccination at private school.

^sFrom 5 to 17 years of age.

^tAdults aged 18-40+.

Table 4. Number of Doses Administered during VWA 2006, by Antigen and Country

Country	MMR	MR	DPT	DT	Td	Hib	Hep B	Tetra	Penta	Polio	BCG	Yellow fever	Influenza	RTV*	Pneumonia	Varicella
Bahamas							528						492			
Bolivia		3,676,678														
Brazil	4,884	5,598	2,404		9,128		7,197	1,710	114	3,565	1,123	4,380	13,553,840	191	6,385	6,511
Chile													2,142,831			
Colombia		789,489								1,069,834						
Costa Rica	6,021				12,507		4,846						30,000			
Cuba										525,875						
Dominican Republic										605,420						
El Salvador	13,430	950	15,089		144,526				11,437	698,412	1,257					
Guatemala	32,818		59,972		104,478				76,590	136,442						
Haiti	2,026		4,800	7,595						5,041	1,714					
Honduras										815,783						
Jamaica	1,409		1,682				236		1,070	2,857	175					
Mexico	855,135	2,121,575	376,075		1,404,227		37,865		426,743	10,119,283	106,056					
Nicaragua	32,597		44,290		647,942				65,548	661,774						
Panama	11,280	12,369	3,468		22,808		985	546	1,636	6,722	357	2,074	23,699	1,021		
Paraguay					108,238								408,911			
Peru	287,899	16,128	54,735	185,452		51,781	51,296			18,176	24,217	2,634,275				
Suriname**	489		312	12			175		107	143		542				
Turks & Caicos	27		4	9			60		3	28						
Venezuela		9,253,759														
Total	1,248,015	15,876,546	562,831	193,068	2,453,854	51,781	103,188	2,256	583,248	14,669,355	134,899	2,641,271	16,159,773	1,212	6,385	6,511

Source: Reports from countries that carried out vaccination activities during VWA.

*Rotavirus vaccine.

**Preliminary results.

Table 4 shows the number of doses by antigen that each country administered during VWA. The table shows the amount of measles/rubella vaccines administered (15.8 millions), especially in two countries (Bolivia and Venezuela) that took advantage of VWA to introduce campaigns to eliminate rubella and maintain measles elimination. In addition, the number of doses of influenza vaccine administered in Brazil, Chile, and Paraguay is shown (more than 16 million). The polio campaigns resulted in the

administration of more than 14 million vaccinations. More than 2 million doses of yellow fever vaccine were administered by Brazil, Panama, Peru, and Suriname; in addition, more than 2 million doses of tetanus-diphtheria (Td) were administered not only to women of childbearing age, but also to men, as in the case of El Salvador (men aged 10-60 years) and Paraguay (men in occupations posing a high-risk for contracting tetanus). The rotavirus vaccine was administered in Brazil (to indigenous populations) and Panama. Brazil was the only country that vaccinated against pneumococcus and chickenpox.

Of the 40 countries that participated in VWA 2006, 15 focused their efforts on mass communication campaigns to raise awareness among the population about vaccination. These countries also documented their experiences, which have been summarized in Table 5.

Table 5. Countries with Mass Communication Campaigns*

Country	Campaign
Netherlands Antilles	<ul style="list-style-type: none"> • Curaçao: The VWA poster was partially translated into Papiamentu, and stickers were created with the same design as the poster. These will be presented officially to the Commissioners of Health and Education at the start of the school year. The posters will be distributed to all schools and the stickers given to students who are vaccinated. Schools that reach 100% coverage will be honored with a certificate of appreciation.
Belize	<ul style="list-style-type: none"> • General information on vaccinations disseminated through a radio program, visits to schools, press releases, radio interviews, and the distribution of pamphlets .
Bermuda	<ul style="list-style-type: none"> • Full-page newspaper article on the immunization program. • Radio announcement. • Immunization promoted during World Health Day and at the health fair with other partners. • Workshop for Expanded Program on Immunization (EPI) participants on 30 March (positive evaluation).
Dominica	<ul style="list-style-type: none"> • Vaccination of secondary school students with 2nd booster. Sessions held in primary and secondary schools and clinics. • One radio program in Patois and another in English. Public service announcements to report on the programs and provide information to people who do not wish to be vaccinated. • The campaign was successful despite challenges related to staffing, financial constraints, and insufficient support due to other planned activities.
United States	<ul style="list-style-type: none"> • Regional launching of VWA in Phoenix, Arizona (United States). International Press conference. • Local events and health fairs to discuss immunization with parents.
Guyana	<ul style="list-style-type: none"> • The event opened with a prayer and the national anthem. Community health workers from the Port Kaituma Hospital performed a sketch. • Region 1 was honored as the most prominent region of the immunization program at the national level.
Cayman Islands	<ul style="list-style-type: none"> • Press release.
St. Vincent and the Grenadines	<ul style="list-style-type: none"> • Radio programs and interviews, and “open house” days at health centers. • Radio interviews with the EPI manager and nurse. • A discussion on workers at entry ports (LIAT cargo, DHL, and Central Warehouse) was postponed until 30 June. • Closing ceremony was held 26 May to give awards to people who contributed to the EPI. • Health messages prepared by the Community Nursing Service were read by the representative of the Health Promotion Unit of the Ministry of Health, who is a member of the VWA planning committee.

Source: Country reports. *At the time of this report, reports had not been received from Anguilla, Antigua and Barbuda, Canada, Grenada, the British Virgin Islands, St. Kitts and Nevis, and Trinidad and Tobago. These countries and territories had planned mass communications campaigns during VWA. Curaçao was the only of the four islands of the Netherlands Antilles from which information was received.

Table 6. VWA 2006 Indicators

Country	Rapid Coverage Monitoring (RCM) < 95%	Children 1-4 years vaccinated with first dose of Penta/DPT	Women of childbearing age vaccinated with first dose of Td/TT	Active surveillance of polio and measles	% of municipalities with plans to continue series	Social Communication and Awareness
Brazil*		670	2,376	0 cases of measles/ rubella; 1 case of AFP**	471 villages (101%***)	
Dominican Republic	239 RCM = 52.62% of area with polio coverage of < 95%	28.5% (2-24 months)				4,524 mothers, fathers, guardians, and caretakers surveyed in 38 Provincial Health Bureaus. 61% interviewed during Rapid Coverage Monitoring had heard about VWA: 12% from health workers; 12% from radio; 11% from TV; 9%, loudspeaker; 6%, posters
Ecuador		54.25% OPV****	66.2%			
El Salvador	25% (measles/ rubella)	301	2,433 (TT pregnant women) 1.5% (Td)	0 cases	100%	80.5% had heard about vaccination activities. 47% from seminar or campaign; 28% from campaign against polio; 24%, from VWA. 56% by television; 31% by radio; 32% from health facility. 25% went to be vaccinated; 12% took child to be vaccinated; 24% reviewed card.
Guatemala		2,840 (30.9%) (DPT to children aged 1-6)	28,416 (Td) 27.2% of those vaccinated			
Haiti		1,050 (DPT1)	5,324 (Td)			
Jamaica		11 (0.7%) (penta)				
Mexico		4,605 (penta)	391,770 (Td)			
Panama	15.8% (measles/ rubella)	3.6% (penta)	607 (3.5%) (Td)	0 cases	100%	567 (71.5%) heard about vaccination activities. Radio, loudspeakers, placards, murals and leaflets were used. Students distributed leaflets. Messages written into notebooks of students.
Paraguay			21,205 (29.5%)			

Source: Country reports, VWA 2006.

*In indigenous villages.

**AFP: acute flaccid paralysis.

***Minimum of two visits in 12 months.

****In areas with coverage <80%; OPV: oral poliovirus.

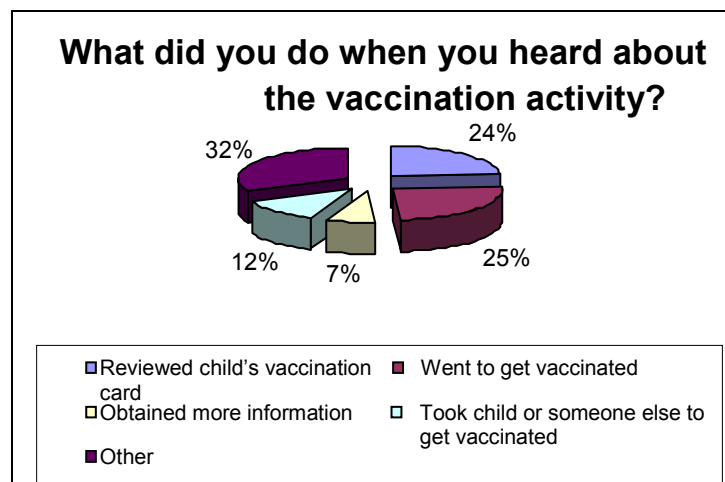
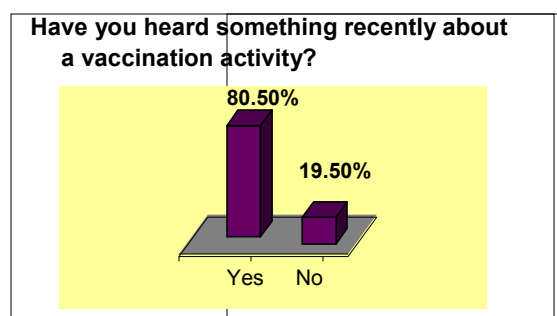
Table 6 shows indicators reported by countries. Eight countries (of 11 that administered DPT/Pentavalent vaccine) reported percentages or numbers of children aged 1-4 years vaccinated with the first dose of DPT/Pentavalent. Six of these countries vaccinated a total of 9,477 in this group. Eight countries (of nine that vaccinated women of childbearing age against tetanus¹) reported percentages or numbers of women of childbearing age vaccinated with the first dose of Td/TT. Seven of these countries vaccinated a total of 452,131 women in this group.

Only Brazil and El Salvador reported on their active surveillance efforts and on the percentage of municipalities with plans to continue the vaccination series. They reported having no cases of measles/rubella and one case of acute flaccid paralysis (AFP). They also reported that 100% of their municipalities have plans for second and third rounds of vaccinations. Three of the 16 countries that vaccinated against poliomyelitis and/or measles/rubella reported on their Rapid Coverage Monitoring (RCM). El Salvador reported that 25% of the RCM had <95% coverage of MR, while for Panama this figure was 15.8%. The Dominican Republic reported that 52.62% of its health areas have coverage <95% with the oral poliovirus (OPV) vaccine.

At the time of this report, only three countries had reported on the evaluation of the mass communications campaigns: the Dominican Republic, El Salvador, and Panama. In the Dominican Republic, of the 4,524 mothers, fathers, guardians, and caretakers in 38 Provincial Health Bureaus surveyed, 61% had heard about VWA. In El Salvador, 80.5% of those surveyed had heard about vaccination activities. Of these, 47% heard the message through a communications campaign, 28% heard about a campaign against polio, and 24% heard about Vaccination Week in the Americas. Panama reported that 71.5% of respondents had heard about vaccination activities. In El Salvador and the Dominican Republic, the three main communication channels were television, radio, and health workers. Panama used radio, loudspeakers, and leaflets and other visual materials that were distributed by students. El Salvador also researched the effect of mass communications: 25% of respondents who had heard the message went to get vaccinated, 12% took their children to get vaccinated, and 24% reviewed their children's vaccination card (Figure 2).

¹ Ecuador did not report the number of women of childbearing age vaccinated with Td, but it did report an indicator for woman of childbearing age vaccinated with Td1.

Figure 2. Evaluation of VWA 2006 Social Communication Campaign in El Salvador



Integrated Activities: An Opportunity

VWA is not only an opportunity for vaccination, but for integrating health activities, taking advantage of the contact with people who need different services, and for mobilizing both financial and human resources. During the 2006 campaigns, seven countries—the Dominican Republic, Guatemala, Haiti, Honduras, Mexico, Nicaragua, and Panama—reported on the administration of vitamin A, anti-parasitic drugs, oral rehydration solutions, iron, and folic acid. Millions of children and women benefited from these activities, as seen in Table 7.

Table 7. VWA 2006 Integrated Health Activities

Country	Vitamin A			Total	Anti-parasitic Drugs	Folic acid	Iron	Oral rehydration
	<1 year old	1-4 years old	Woman of childbearing age					
Dominican Republic	151,599 ^a			151,599				
Guatemala	25,965	75,780 ^b		101,745				
Haiti	911	3,399		4,310				
Honduras	20,641	296,952	2,827	320,420				
Mexico	6,967,947			6,967,947	17,179,400	737,425	33,625	7,296,666
Nicaragua	828,708			828,708	1,158,500			
Panama				2,877				
Total				8,376,858	18,337,900	737,425	33,625	7,296,666

^aChildren aged 6 months to 3 years.

^bChildren aged 1 to 2.

Achievements of VWA 2006

- Through the vaccination of children and women with incomplete schedules, the goal of **reducing inequities in vaccination** can be attained. The countries can take advantage of the opportunity presented by VWA to reach isolated and traditionally excluded populations.
- Vaccination has been maintained as a **political priority** during VWA, as shown by the participation of presidents, first ladies, ministers of health, and representatives of international organizations at border and national events to launch or conclude campaigns.
- **Border coordination** continues to strengthen ties among leaders and communities of two or three neighboring countries. This is an example of the Pan-Americanism that VWA promotes.
- **Interagency, technical, and administrative cooperation** is key to mobilizing national and international resources. The national interagency coordinating committees and other partners at the national level can support the efforts of the country's professionals to conduct the campaigns. Agencies such as PAHO are essential to providing technical and administrative support to the countries.
- The countries continue to **integrate VWA and other health activities**, reaching people who need services such as the administration of vitamin A, eye examinations, antiparasitic drugs, oral rehydration, and other vitamins and minerals.
- **Family health has been improved**, as vaccination efforts have focused not only on children but on young people, adult men and women, and the elderly, as well as at-risk groups.
- **Mass dissemination of information** adapted to national and local needs has continued through different communication channels, with the objective of communicating the vaccination message to all corners of the Americas.

Challenges

- Keep immunization on the countries' political agenda.
- Improve access to vaccination for isolated populations.
- Improve resource mobilization, especially for priority countries.
- Continue strengthening Pan-Americanism through coordination and vaccination activities along border areas.

- Improve the definition of goals, objectives, and target populations, as well as the information system, in order to assess the impact of VWA (indicators).
- Identify other priority populations, such as health workers and the chronically ill
- Take advantage of VWA to prevent the importation of vaccine-preventable diseases (Cricket World Cup)
- Continue to document lessons learned and best practices.