Pan American Health Organization

Regional Office of the World Health Organization

Immunization Unit

Family and Community Health Area

Fifth Annual
Vaccination Week in the Americas

Vaccination Week in the Americas Fifth Anniversary

Final Report

21-28 April 2007

2007 Vaccination Week in the Americas

Fifth Anniversary

More than 195 million people vaccinated over 5 years.
The commitment of 45 countries and territories of the Region.
More than 45 launching events along trilateral and bilateral borders.

Background

Vaccination Week in the Americas (VWA) originated with a proposal by the ministers of health of the Andean countries aimed at controlling a measles outbreak in Venezuela and Colombia in 2002. It became a hemispheric initiative in 2003, when the Directing Council of the Pan American Health Organization (PAHO) adopted Resolution CD44.R1.

Over the course of its five years, VWA has been strengthened in the Region. Governments have shown their political commitment toward maintaining vaccination as a regional public good by granting a high political priority to the VWA, mobilizing resources, and increasing interagency cooperation and cross-border coordination, thereby promoting Pan Americanism.

Furthermore, VWA is a way to maintain the achievements of the Expanded Program on Immunization, to address the unfinished agenda, and to serve as a platform for the introduction of new and underutilized vaccines. VWA places special emphasis on the identification of vulnerable populations with limited access to vaccination and located in remote areas, urban fringe areas, along borders, in low coverage municipalities, and in indigenous communities.

Objectives

- Promoting equity and access to immunization;
- Supporting the transition from child to family immunization;
- Maintaining immunization on the political agenda;
- Keeping the Region free of polio and indigenous measles;
- Supporting the implementation of plans to eliminate rubella and congenital rubella syndrome (CRS);
- Supporting the introduction of new or underutilized vaccines;
- Strengthening epidemiological surveillance; and
- Promoting cross-border coordination.

Strategies

As VWA is being implemented, basic strategies and tactics have been identified and have allowed for the above-mentioned objectives to be attained, namely:

1. Institutionalized vaccination is intensified during VWA as a result of information dissemination and mass communication efforts.

2. Intensive vaccination activities include tactics such as door-to-door vaccination or vaccinations at mobile posts at bus stops, schools, universities, and workplaces to vaccinate populations at high occupational risk due to their work circumstances, such as health and poultry workers, workers in the tourism and hotel industries, police forces, and prison guards. Also used are mobile brigades or teams that travel to remote areas, such as indigenous communities or border communities.

Actions in raising awareness and/or promotion of immunization are cross-cutting activities of these two strategies. The United States and countries in the English-speaking Caribbean conducted mass communication and mobilization activities. In other countries of the Region, promotion allowed for increased community knowledge about VWA, higher vaccine supply in health centers, and increased awareness among people reluctant to get vaccinated and for whom specific messages were designed.

With the implementation of these strategies, VWA has helped to strengthen the regular immunization program, improve vaccination coverage, and reach remote populations. Spontaneous demand has also increased, and there have been more men, women, and children at health facilities seeking vaccination against various diseases.

The countries of the Region also adjusted their plans of action or complemented them with other strategies to fit their local needs and meet their goals. The following strategies are noteworthy:

- Micro-planning adjusted to population dynamics, making it possible to vaccinate vulnerable, high-risk, or transient populations and to identify sites and days with a higher concentration of people.
- Interinstitutional coordination and integration within the health sector (national system and local committees) and with other areas of the government, such as the education sector or the Armed Forces for the vaccination of schoolchildren, the military, and workers in hotels run by the private sector.
- Social mobilization, which has made it possible to involve and elicit the participation of local authorities (mayors and/or presidents of regions or departments, as the case may be in each country), community and opinion-makers, civil society, and the community at large in the VWA. This facilitated the execution of the majority of the extramural and prevention activities. Positive views about vaccination were also generated through continuing support during

information dissemination activities, primarily in remote areas or areas with scattered populations.

- Training is an ongoing activity during each VWA and involves the timely integration and training of health workers, brigade members, health promoters, and community health workers, who are directly responsible for conducting vaccination and prevention activities.

Planning

PAHO, as a technical cooperation agency, assists countries in the organization of the VWA, starting with the planning process and including the mobilization of resources, the implementation of a mass media campaign, the procurement of inputs, and the evaluation of vaccination activities. It also engages in interagency coordination activities and advocacy to secure the participation of other institutions. In addition, PAHO sends regional consultants to the different countries to assist in the organization and implementation of the VWA.

Resources mobilized are generally used for operational and mass communication activities, particularly in priority countries (Bolivia, Guyana, Haiti, Honduras, and Nicaragua). This support is made possible through a network of partners working to improve the health of the people of the Americas, including the following:

- U.S. Centers for Disease Control and Prevention (CDC)
- Global Alliance for Vaccines and Immunization (GAVI)
- Canadian International Development Agency (CIDA)
- United Nations Children's Fund (UNICEF)
- United Nations Foundation (UNF)
- Spanish International Cooperation Agency (AECI)
- Inter-American Development Bank (IDB)
- Church of Jesus Christ of Latter-day Saints (LDS)
- Alas Foundation
- Sabin Vaccine Institute (SVI)
- March of Dimes
- Latin American Network of Municipalities
- Health-promoting schools
- Local partners
- Other non-governmental organizations.

Countries manage and implement the VWA. Thus, VWA activities are included in their annual Plans of Action financed by their national budgets, with priority given to the vaccination of vulnerable or at-risk populations. Country participation is flexible, depends on national needs, and includes activities such as national measles surveillance campaigns, rubella or polio campaigns, campaigns against influenza for people aged >60 years and at-risk populations, campaigns against yellow fever, and increased vaccination in countries with low coverage.

2003-2007 Results and Achievements

The participation of countries and/or territories has increased during the five years that the VWA has been in existence. Nineteen countries participated in 2003 and, by 2007, that number had grown to 45. In 2004, four countries included comprehensive activities in their vaccination campaigns, and six did so in 2007. Between 2003 and 2007, 195,015,574 people were vaccinated as part of VWA (figure 1).

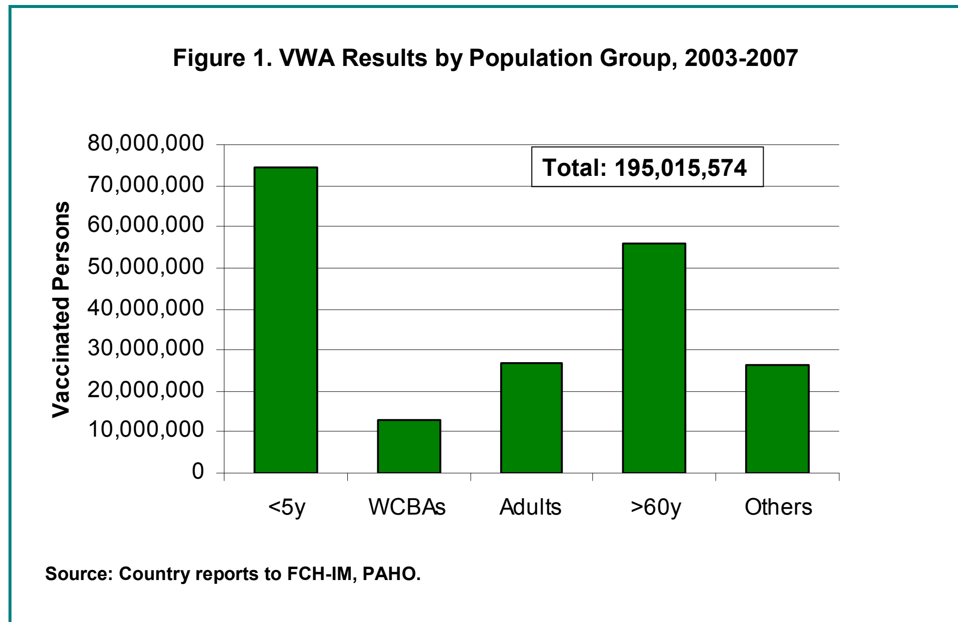

Figure 1. VWA Results by Population Group, 2003-2007

Source: Country reports to FCH-IM, PAHO.

The following achievements are noteworthy:

- Contribution to the reduction of inequities in vaccination, particularly in remote areas. Between 2004 and 2007, countries reported 126,988 children aged 1-4 years who had began or completed their DTP/pentavalent schedules.[1] During that same period, countries reported that 2,479,695 women of childbearing age (WCBAs) had received doses of diphtheria toxoid[2] in municipalities with a high risk of neonatal tetanus.
- Cross-border coordination is a tool to promote Pan Americanism and establish permanent relationships between leaders and border communities. Between 2003 and 2007, 45 bilateral and trilateral border events were held in the Region.

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[1] Countries reporting: Brazil (2006), Colombia (2004), Cuba (2004), Guatemala (2004-2006), Haiti (2005-2006), Honduras (2004-2005 and 2007), Jamaica (2004 and 2006), Mexico (2005-2006), Nicaragua (2004), Panama (2005 and 2007), Paraguay (2004 and 2005), Peru (2007), and Venezuela (2007).

[2] Countries reporting: Anguilla (2007), Bolivia (2004),Brazil (2006-2007), Colombia (2004-2005), Costa Rica (2007), Dominican Republic (2007), El Salvador (2007), Grenada (2007), Guatemala (2004-2006), Haiti (2006), Honduras (2004-2007), Mexico (2005-2007), Panama (2005 and 2007), Paraguay (2004, 2006, 2007), and Venezuela (2004).

- The high political priority placed on vaccination during the five years that the VWA has been in existence became evident with the participation of 20 presidents and vice presidents, as well as first ladies, ministers of health, mayors, and representatives of international organizations at different VWA launching events and other activities.
- VWA has made it possible to improve interagency cooperation and resource mobilization. All the countries contributed financial resources from their respective national budgets. Over the past five years, approximately US $1.8 million in external funds have been mobilized for operational and mass communication activities through the support of partners working to improve the health of the people of the Region.
- VWA has provided an opportunity to integrate other public health activities, such as the provision of vitamin A and other micronutrients, eye exams, and the administration of antiparasitics and oral rehydration salts. For example, as of 2007, 20,874,209 vitamin A doses and 30,513,046 antiparasitic doses[3] have been administered.
- VWA has made it possible to transition from child immunization to family health with the vaccination of groups such as young adults against measles, rubella, and yellow fever, and people aged >60 years against influenza.

Table 1 summarizes the goals and the achievements of the 2007 VWA.

[3] Countries reporting: Bolivia (2005), the Dominican Republic (2006-2007), Guatemala (2005-2006), Haiti (2007), Honduras (2005-2007), Mexico (2005-2007), Nicaragua (2005-2007), and Panama (2006-2007).

Table 1. Summary of Goals and Achievements of Vaccination Week in the Americas, 2003-2007*

Goals	2003	2004	2005	2006	2007*
Rubella Elimination		ECU, ELS	PAR	BOL	CUB, DOR, GUT, HAI, MEX
Measles Follow-up Campaigns	BOL, MEX, PAR	HON, NIC	ARG, SUR	COL, MEX, URU, VEN	COR, DOR, NIC, PAN, PAR
Polio Eradication	MEX, VEN	VEN	COL, CUB, DOR, HON, VEN	CUB, DOR, ELS, GUT, HON	CUB, HON, MEX, NIC
Yellow Fever Risk Reduction	VEN	VEN	COL, PER, VEN	COL, PER	BOL, ECU, PAR, PER
Influenza Prevention		BRA, CHI	BRA, PAN	ARG, BRA, CHI, PAN, PAR, URU	ARG, BRA, CHI, COL, COR, GRE, PAN, PAR
Complete Schedules	VEN	CUB	BAH, COL, GUT	PER	ARG, COL, DOR, HON, NIC, PAN, PAR, PER, VEN
Tetanus Control	MEX, VEN		COL, PAN	ECU, PAR	ANG, BRA, COR, DOR, ELS, GRE, MEX, NIC, PAR, PAN, VEN
New Vaccine Introduction		DOR (MR)	GUT (Pentavalent)	PAN (rotavirus, influenza)	PAN (hepatitis A) VEN (rotavirus)
Interventions in Indigenous Communities			BRA	BRA	BRA, PAR

Achievements	2003	2004	2005	2006	2007*
Vaccinated Population	16,825,888	43,749,720	38,172,925	49,219,552	47,710,603
Participating Countries and Territories	19	35	36 (12 with awareness campaigns)	39 (16 with awareness campaigns)	45 (8 with awareness campaigns)
Countries with Integrated Activities	0	4	5	7	6
Resource Mobilization	77,040	1,400,000	737,865	400,000	435,280
Cross-border Coordination		22	8	4	11
Presidents, Vice Presidents		5	5	4	6

* Preliminary data as of 24 September 2007

VWA 2007: Fifth anniversary

In celebration of the VWA's fifth anniversary, countries made it their goal to vaccinate 55,443,100 people, including children, young adults, and older adults, emphasizing the transition from the child to family immunization. To this end, vaccines against poliomyelitis, rubella and CRS, measles, diphtheria, mumps, whooping cough, neonatal tetanus, *Haemophilus influenzae* type b, and yellow fever were used. Some countries also introduced new vaccines against influenza, hepatitis A, and rotavirus.

The regional launch of the 2007 VWA took place on the trilateral border shared by Argentina, Brazil, and Paraguay. There, a meeting was held among the ministers of health of the three countries, Dr. Ginés González García (Argentina), Dr. José Gomes Temporão (Brazil), and Dr. Oscar Martínez Doldán (Paraguay), the Director of PAHO, Dr. Mirta Roses, UNICEF Regional Director for Latin America and the Caribbean Dr. Nils Kastberg, CDC Representative Dr. Vance Dietz, and Inter-American Development Bank Representative Dr. Marco Ferroni. Officials from the national governments as well as departmental and local authorities also participated, as did non-governmental organizations, indigenous associations, health workers, and volunteers. In addition, singer Ricardo Montaner took part as representative of the Alas Foundation, made up of Latin American performers who help children in the Americas.

As in other years, coordination or launching activities were also held along other borders in the Americas to keep immunization on the political agenda and strengthen cooperation among countries. The ministers of health of Honduras, Dr. Jenny Mercedes Meza, and Nicaragua, Dr. Maritza Cuan Machado, chaired an event celebrating VWA's fifth anniversary, and health workshops were offered at the same time in the two countries. Similar events were held along the Guatemala-El Salvador, Honduras-Guatemala, El Salvador-Honduras, the United States-Mexico, Peru-Bolivia, and Panama-Costa Rica borders.

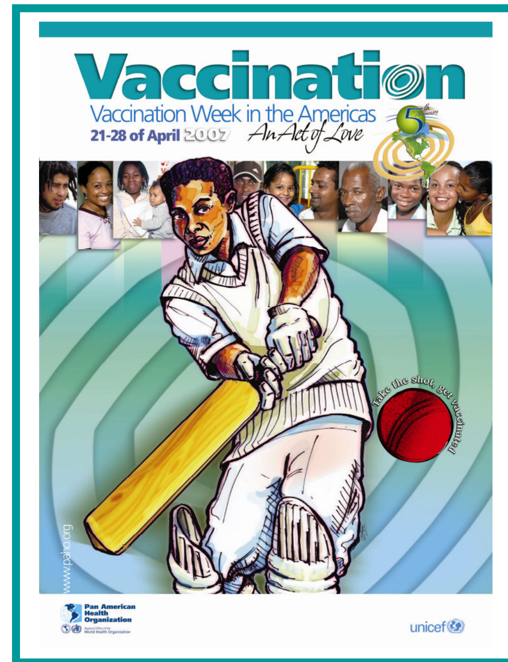
High-ranking government officials also took part in the national launching events. The president of Guatemala, Oscar Berger, was present at the opening of the national campaign for the elimination of rubella and CRS. The President of Panama, Martín Torrijos, chaired the launching of the campaign to vaccinate people in remote areas, such as in areas bordering Costa Rica and Colombia. The First Lady of Peru, Pilar North, participated in the VWA launch in her country, as did the Vice President of Ecuador, Lenin Morenos, and the Minister of Health of Ecuador, Carolina Chang, to celebrate the beginning of the campaign against hepatitis B. In the majority of Caribbean countries, ministers of health participated in opening events. Twenty-eight ministers of health participated throughout the Region of the Americas.

a. Cricket World Cup

Countries of the English-speaking Caribbean took advantage of VWA to strengthen epidemiological surveillance and prevent the importation of vaccine-preventable diseases during the Cricket World Cup, which was held in nine countries during March and April 2007 and concluded during VWA. The majority of these countries conducted mass media campaigns to raise community awareness about vaccination.

During the 23rd Caribbean Expanded Program on Immunization Managers' Meeting in November 2006, 22 countries from the Caribbean subregion signed the Paramaribo Declaration in support of the 2007 Cricket World Cup activities.

The EPI managers recognized that this event was important for the subregion and that it was also a key opportunity to protect the advances of poliomyelitis eradication and measles and rubella/CRS elimination, and to prevent importation of vaccine-preventable diseases.



b. Results

As of 24 September, a total of 47,710,603 people had been vaccinated throughout the Region, or 85% of the proposed goal (Table 2). The results of the fifth VWA have helped to address the unfinished agenda, consolidate achievements, and deal with the new immunization challenges facing countries of the Region. Below are some specific results:

1. Unfinished agenda: improving vaccination coverage against yellow fever, influenza, rubella, and maternal and neonatal tetanus in high-risk, isolated, border, and indigenous populations.

    - Brazil (Figure 2) and Paraguay gave priority to vaccination activities in **indigenous communities** and succeeded in vaccinating 138,369 and 15,321 indigenous people, respectively, with vaccines against influenza, yellow fever, tetanus, hepatitis B, pneumococcus, and chickenpox.

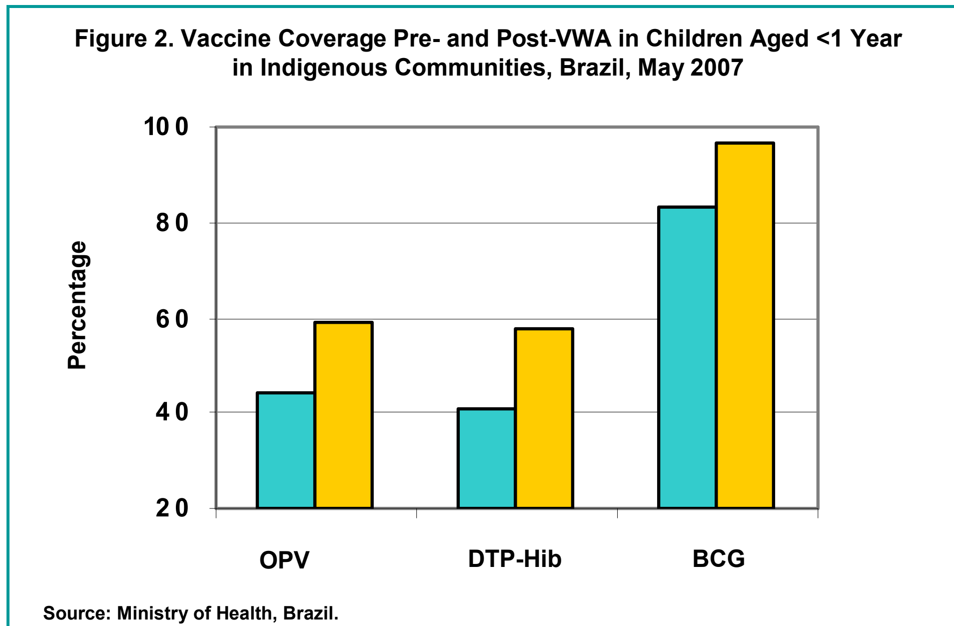


Figure 2. Vaccine Coverage Pre- and Post-VWA in Children Aged <1 Year in Indigenous Communities, Brazil, May 2007

Source: Ministry of Health, Brazil.

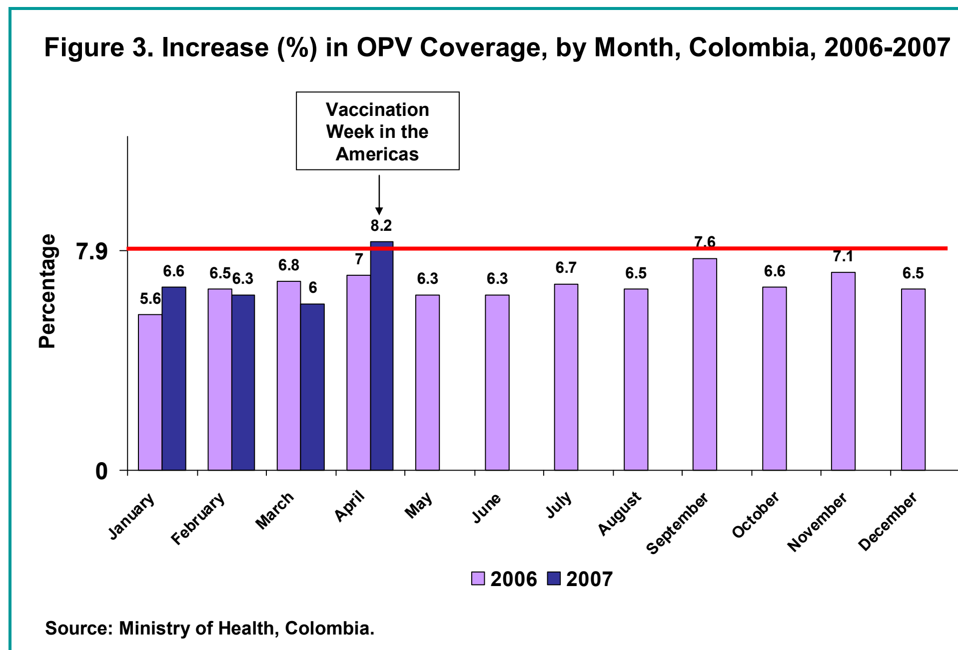
- Three countries conducted national and/or regional **yellow fever** prevention campaigns. Bolivia vaccinated 5,052,932 men, women, and children aged 2-44 years. Ecuador vaccinated 3,351,262 people, while Peru vaccinated 860,111 people in areas at high risk for yellow fever.
- Countries also vaccinated against **seasonal influenza**: Argentina vaccinated 378,325 adults aged >65 years and 388,033 people in high-risk groups, while Chile vaccinated 2,748,203 people, including the chronically ill, pregnant women, older adults, children, and health workers throughout the country. Costa Rica administered 27,000 doses of influenza vaccine to its health workers; Brazil vaccinated 13,830,792 million of its population aged >60 years, and Colombia vaccinated 417,348 children aged 6-18 months. Panama and Paraguay vaccinated 3,522,760 and 222,169,760 individuals, respectively. Grenada introduced the influenza vaccine by vaccinating 668 older adults.
- Guatemala vaccinated 7,172,847 million men and women against measles and rubella, as part of the regional objective of **rubella and CRS elimination** by 2010. Haiti implemented a pilot campaign by vaccinating 99,526 people aged between 1-19 years.
- As for **tetanus elimination**, Paraguay vaccinated 396,802 men and women aged 20-29 years and at-risk groups, such as indigenous and border populations. Nicaragua administered 791,329 Td doses (tetanus and diphtheria toxoid) to adolescents aged 10-14 years, WCBAs, and other at-risk groups. The Dominican Republic vaccinated 116,740 WCBAs throughout the country.

2. Protecting the achievements: polio eradication, measles elimination, diphtheria and hepatitis B control, and completion of vaccination schedules.
   - To maintain the **eradication of wild polio** in the Americas, Cuba vaccinated 363,057 children aged >3 years, administering a polio vaccine booster; Mexico

vaccinated 5,988,966 children aged <5 years; Haiti vaccinated 27,776 people for coverage of 111%; Honduras vaccinated 875,286 people; and the Dominican Republic vaccinated 97,008 children.

- In terms of **measles elimination**, seven countries vaccinated children aged 1 year, young people, and adults with MR or MMR. Nicaragua vaccinated 26,232, children aged 1 year; Paraguay vaccinated 14,505 people; Panama vaccinated 4,977 people; and the Dominican Republic vaccinated 37,046 people. Cuba vaccinated 168,762 young people. Costa Rica administered 7,200 doses in schools. Mexico and Panama vaccinated 306,305 and 12,278 adults, respectively. Jamaica vaccinated 9,120 workers in the tourism and hotel sectors.
- In order to **complete vaccination schedules** at different ages, countries like Brazil, Colombia, Costa Rica, the Dominican Republic, Honduras, Nicaragua, Panama, Paraguay, Peru, and Venezuela administered all antigens. For example, Peru completed immunization schedules with polio, DTP, MMR, and yellow fever vaccines, vaccinating 180,119 children aged 1-2 years; Honduras and Paraguay identified 2,890 and 1,271 children aged 1-4 years, respectively, with delayed pentavalent schedules. The Dominican Republic vaccinated 27,850 children aged ≥24 months. Ecuador vaccinated 250,911 students against **hepatitis B.** Colombia increased polio coverage from 7% to 8.2% during the month of April, which coincided with VWA (Figure 3).

Figure 3. Increase (%) in OPV Coverage, by Month, Colombia, 2006-2007



Source: Ministry of Health, Colombia.

3. New challenges: VWA has been a platform for new vaccine introduction in the following countries:

    - Panama introduced the **hepatitis A vaccine,** vaccinating 5,590 children aged <2 years with a first dose and a booster.
    - Venezuela reintroduced the **rotavirus vaccine**, vaccinating 47,217 children aged 2-3 months, achieving 96.39% of the established goal.

Table 2 shows the number of people vaccinated, by target population and country.

Table 2. People Vaccinated, by Target Population and Country, 2007 VWA

Country	0-12 Months	1-4 years	<5 years	>5 years	WCBAs Td[a]	>60 years Influenza	Adult MM/MMR	Indigenous Populations	High-risk Occupation[b]	Yellow Fever	Other[c]	TOTAL
Anguilla					185		278					463
Antigua & Barbuda	Awareness Campaign											
Argentina	36,940	26,776				378,325					413,089	855,130
Aruba	Awareness Campaign											
Bahamas			1,226								1,887	3,113
Barbados	Awareness Campaign											
Belize	Awareness Campaign											
Bermuda	Awareness Campaign											
Bolivia										5,052,932		5,052,932
Brazil						13,830,792		138,369				13,969,161
Canada	Awareness Campaign											
Cayman Islands	Awareness Campaign											
Chile[d]											2,748,203	2,748,203
Colombia	763,621	471,348										1,234,969
Costa Rica		5,181		18,537					27,000			50,718
Cuba			363,057				168,762					531,819
Dominica	Awareness Campaign											
Dominican Rep.	188,064	37,046			116,740							341,850
Ecuador										3,351,262	250,911	3,602,173
El Salvador			23,612								158,256	181,868
Grenada			26		40	668	21		248			1,003
Guatemala[e]							7,172,847					7,172,847
Guyana											1,512	1,512
Haiti[f]		27,776									99,526	127,302
Honduras	156,921	718,356										875,277
Jamaica							9,120		19,065	62		28,247
Mexico[g]			5,988,966	59,251	628,702		306,305					6,983,224
Montserrat			62								55	117
Netherland Antilles:												
- Bonaire	Awareness Campaign											

Country	0-12 Months	1-4 years	<5 years	>5 years	WCBAs Td[a]	>60 years Influenza	Adult MM/MMR	Indigenous Populations	High-risk Occupation[b]	Yellow Fever	Other[c]	TOTAL
- Curaçao	Awareness Campaign											
- St. Maarten	Awareness Campaign											
Nicaragua[h]	82,905	61,755	630,585		791,329							1,566,574
Panama	5,338		18,755		19,257	3,522	12,278			2,135	27,431	88,716
Paraguay	26,949	145,905			231,259	222,169		15,321	57,070		165,543	864,216
Peru		90,640								860,111		950,751
St. Kitts & Nevis							490					490
St. Lucia	Awareness Campaign											
Saint Vincent & the Grenadines	Awareness Campaign											
Suriname			641									641
Trinidad & Tobago	Awareness Campaign											
United States	Awareness Campaign											
Venezuela	63,199	201,767	75,886		24,829	1,682				27,526	48,332	443,221
TOTAL	**1,323,937**	**1,786,550**	**7,102,816**	**77,788**	**2,004,663**	**14,437,158**	**7,670,101**	**153,690**	**103,383**	**9,294,028**	**3,756,489**	**47,710,603**

[a] WCBAs vaccinated with adult diphtheria and tetanus toxoid.

[b] High-risk occupations: police, health workers, customs and migration officers, and hotel workers vaccinated as part of the Cricket Cup. Also, population at risk for influenza (health and poultry workers and people with compromised immune systems).

[c] Other populations include: adults against hepatitis B; men against tetanus in urban, urban fringe, rural, and border areas; different age groups susceptible to MMR; different age groups susceptible to hepatitis B; different age groups susceptible to meningococcal meningitis, and influenza <60 years

[d] Includes different high-risk groups.

[e] Men and women aged 9-39 years vaccinated with MMR.

[f] Children and adolescents aged 1-19 years vaccinated with MMR.

[g] Mexico held VWA in the month of May as part of National Health Week.

[h] Td is for WCBAs, children aged 10-14 years, and at-risk groups.

Source: Country reports as of 24 September to Immunization Unit, PAHO.

Finally, in terms of the antigens each country administered during VWA, the highest numbers of doses were for influenza and yellow fever, with 18,724,234 and 9,306,090 doses respectively. This is the result of national campaigns that countries like Argentina Brazil, and Chile (influenza) and Bolivia and Peru (yellow fever) conducted in their territories. Also, over 8 million polio doses were administered by Honduras, Mexico, and Nicaragua, and 7.6 million MR doses were administered to susceptible populations of different ages (in Guatemala, Panama, and Venezuela, for example). More than two million Td doses were administered in countries like Brazil and Paraguay, which vaccinated vulnerable populations such as indigenous people and residents of rural and border areas. Nicaragua and Panama administered Td to adolescents and adults, including men (Table 3).

Table 3. Number of Doses Administered During the 2007 VWA, by Antigen and Country

Country	MMR	MR	DTP	DT	Td	TT	Hib	Hepatitis B	Tetravalent
Anguilla	278				463			278	
Argentina	26,776				25,056			38,873	
Bahamas	611		1,118	259	168		1,096	1,887	
Bolivia									
Brazil	14,851		5,609		14,224			16,261	5,421
Chile									
Colombia	251,583		257,837				256,319	258,173	
Costa Rica	7,200				11,337				
Cuba	168,762								
Dominican Rep.	9,196	27,850	22,545	116,740				19,135	
Ecuador								250 ,911	
El Salvador	13,295	3,824	12,493	3,447	158,256	6,412		4,545	
Grenada	21			7				248	
Guatemala		7 ,172,847							
Guyana	210		110	191					
Haiti		99 ,526							
Honduras			2 ,890		6,930				
Jamaica	9,120				9,332			102	
Mexico	120,531	306,305	184,320		628,702			59,251	
Nicaragua	26,232		35,523		791,329				
Panama	9,528	9,813	1,665		21,664			4,856	1,225
Paraguay	29,749				396,802				
Peru	74,710		8,008						
St. Kitts &Nevis	490								
Suriname	502		641					5	
Venezuela	10,828	17,940	3,816		24,829		187,123	30,268	
TOTAL	**622,434**	**7,610,352**	**536,575**	**120,644**	**2,089,092**	**6,412**	**444,538**	**684,739**	**6,646**

Table 3. Number of Doses Administered During the 2007 VWA, by Antigen and Country (continued)

Country	Poliomyelitis	BCG	Yellow Fever	Influenza	Rotavirus	Pneumococcus	Chickenpox	Meningococcal
Anguilla	185							
Argentina	36,940	6,357		981 ,699				
Bahamas	1,226			268				
Bolivia			5 ,052,932					
Brazil		2,703	11,881	13,962,440	979	18,010	16,871	
Chile				2 ,748,203				
Colombia	250,810	254,201		471,348				
Costa Rica				27 ,000				
Cuba	363,057							
Dominican Rep.	97,008	29,833						
Ecuador			3 ,351,262					
El Salvador	23,612	727		60	5,352			
Grenada	19			668				
Guatemala								
Guyana	568	80	148					
Haiti	27,776							
Honduras	875,560							
Jamaica	9,733		62					
Mexico	5,988,966	48,156						
Nicaragua	630,585				27,538			
Panama	5,814	217	2,135	21,261	788			
Paraguay	38,498	12,849		509,605				
Peru	7,922		860,111					
St. Kitts & Nevis								
Suriname			33					
Venezuela	75,886	63	27,526	1,682	47,217			124
TOTAL	**8,434,165**	**355,186**	**9,306,090**	**18,724,234**	**81,874**	**18,010**	**16,871**	**124**

c. Fulfillment of VWA Indicators

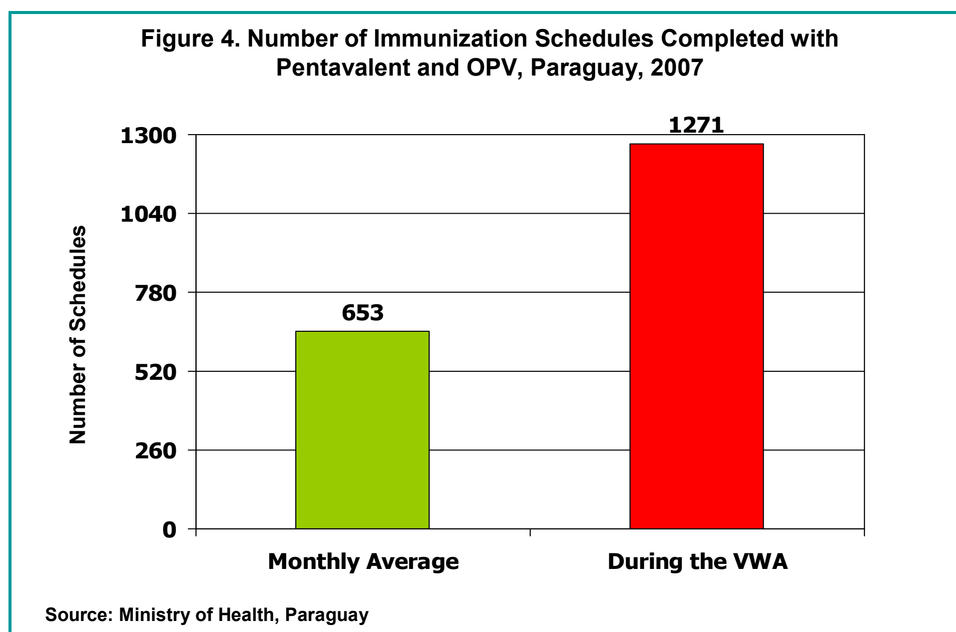
Countries defined the following indicators to measure VWA results, promoting data collection from the local level, analysis at the national level, and international report:

- Number and percentage of children aged 1-4 years with the first, second, and third dose of the DTP/pentavalent (to measure cases of 0 doses, delayed schedules, and completed schedules);[4]
- Number and percentage of WCBAs in at-risk municipalities vaccinated with the first dose of Td during VWA;
- Percentage of rapid coverage monitoring (RCM) in municipalities with MR vaccination coverage <95%;
- Percentage of people interviewed in preselected[5] areas who know about VWA;
- Percentage of municipalities with plans for a second and third round of vaccination to complete schedules after the VWA; and
- Number of suspect measles/rubella and acute flaccid paralysis (AFP) cases identified during active case-finding in the community and previously detected by the surveillance system.

Countries use these indicators according with their vaccination strategies. For example, for countries that vaccinated the population aged 1-4 years, it is possible to measure the delayed schedule indicator, as in the case of Honduras and Paraguay, which vaccinated 2,890 and 1,271 children aged 1-4 years, respectively, with pentavalent (Figure 4). The Dominican Republic vaccinated 27,850 children aged ≥24 months with MMR. Furthermore, Panama's surveillance system reported 0 suspect cases of measles, rubella, and AFP.

[4] Countries reporting: Bolivia (2005), the Dominican Republic (2006-2007), Guatemala (2005-2006), Haiti (2007), Honduras (2005-2007), Mexico (2005-2007), Nicaragua (2005-2007), and Panama (2006-2007).

[5] Selected areas should include high-risk areas and areas with isolated populations.



Several countries conducted RCM during VWA, planning to use the results to identify areas that need strengthening and to improve coverage during the different vaccination campaigns. For example, Bolivia conducted RCM during its yellow fever vaccination campaign; Paraguay did the same during its campaign against influenza, tetanus, and diphtheria; and Guatemala monitored the campaign against rubella, during which 60,750 homes were visited and 151,875 interviews conducted. Panama conducted RCM among children aged <5 years for rotavirus, MMR, and pentavalent, as well as among WCBAs for MR coverage. A total of 18,203 houses were visited at regional level.

Honduras, Jamaica, and Panama conducted community surveys to measure the degree of information about VWA. In Honduras, 1,564 mothers were interviewed, and 94% of people interviewed in preselected[6] areas knew about VWA. Jamaica interviewed 92 people, 55% of whom indicated that they had heard messages related to vaccination and to VWA, and Panama interviewed 483 mothers, 308 (63.8%) of whom stated that they had knowledge of these activities. Haiti evaluated the impact of the communication channels used to promote VWA, and found that the use of loudspeakers on the street (50%), the schools (25%), and health workers (15%) were the most effective. Guatemala also emphasized the role of loudspeakers to raise awareness among reluctant people, even though this country did not conduct any community surveys.

Central American countries are using VWA indicators to measure their progress and commitments in health at subregional meetings like RESSCAD. This is a political forum that guarantees ongoing monitoring of the advances made by the Expanded Program on Immunization in these countries.

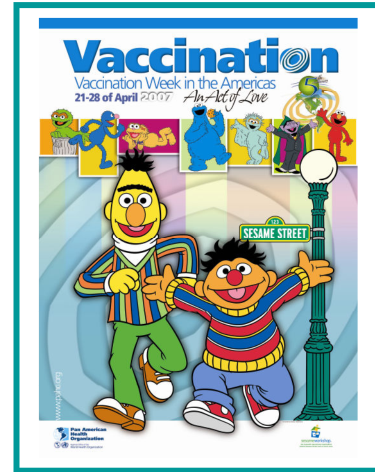
6 Selected areas must include high-risk areas and areas with isolated populations.

d. Mass Communication Activities

As in previous years, PAHO designed a mass dissemination campaign to assist participating countries with mass communication and send a clear and uniform vaccination message. Public service announcements were developed for television and radio, as well as stickers and posters, adapted to local needs, and used to publicize vaccination activities during VWA.

Once again, the image of Ronaldinho Gaúcho, one of the most celebrated figures in international soccer, was used, as was the image of Rodney Walsh, a popular cricket player in the Caribbean. This year, PAHO also joined forces with the Sesame Street characters, who were added to the posters and stickers.

It should be mentioned that PAHO's obtaining the right to use the image of Gaúcho and Sesame Street is a major achievement in its advocacy efforts. In any event, it is hoped that these images can be used again for future VWAs.



For their part, countries of the Region designed strategies for each region, department, or province, including specific communication objectives and goals and clearly identifying public objectives to create coordination and socialization processes that would elicit a positive response to vaccination (call to action). Furthermore, the combining of mass communication with social mobilization made it possible to strengthen and personalize information and education activities by involving community and opinion-makers, such as pastors and priests and civil society organizations as spokespeople. Finally and without exception, all the countries used some form of mass media, such as television, radio, or the press, as an umbrella strategy at national level, as well as non-traditional means of communication, such as local/regional promoters or houses of worship.

Canada, the English-speaking Caribbean countries, the Netherlands Antilles, Uruguay, and the United States planned and implemented comprehensive mass media campaigns to raise awareness among parents, health workers, decision-makers, opinion-makers, and others about the importance of vaccination. In addition to mass media like radio, television, and the press, countries in the English-speaking Caribbean like the Bahamas, the Cayman Islands, and Grenada used nontraditional communication channels, such as churches and other houses of worship to distribute pamphlets and make announcements about vaccination activities planned during VWA. The United States conducted a comprehensive information campaign, while maintaining ongoing coordination with the media to improve routine vaccination programs targeting frequently excluded populations.

e. Integrated Activities: An Opportunity

VWA is not only an opportunity for immunization but also for integrating health activities, taking advantage of the contact with people who need different services and the mobilization of both financial and human resources. This year, six countries –the Dominican Republic, Haiti, Honduras, Mexico, Nicaragua, and Panama– reported on the administration of vitamin A, antiparasitic supplements, oral rehydration solutions, iron, and folic acid. Millions of women and children benefited from these activities (Table 4).

Table 4. Integrated Health Activities, VWA 2007

Country	Vitamin A				Antiparasitic	Folic Acid	Oral Rehydration
	<1 Year	1-4 Years	WCBAs	Total			
Dominican Rep.				7,220			
Haiti	25,415			25,415	55,392		
Honduras	34,093	438,769	2,424	475,286			
Mexico	3,625,784			3,625,784	9,197,665	7,886	3,672,121
Nicaragua	630,509			630,509	1,226,940		
Panama				3,134			
TOTAL	**4,754,570**		**2,424**	**4,741,933**	**10,424,605**	**7,886**	**3,672,121**

f. Europe and the World

During the week of 16-20 April, the European Region held its Immunization Week, with 25 countries participating. The efforts focused on mass communication, reaching parents and health professionals and educating them about the importance of vaccination. Furthermore, a differentiated strategy was implemented in order to reach vulnerable populations. The following are noteworthy:

- Use of interactive television and cell phone text messaging in Armenia;
- In Azerbaijan, the First Lady launched the Immunization Week by vaccinating children at a polyclinic in the capital;
- There were different messages and needs in ethnic communities in Belgium, Romania, and Serbia and in populations that immigrated from Kazakhstan, Kyrgyzstan, and Turkmenistan.

In 2008, the European Immunization Week will take place from 21-27 April and will coincide with the 6th VWA, which reaffirms the importance of VWA as a model for other Regions in the world, keeping immunization on the political agendas in other Regions.

g. Challenges Facing the VWA

Since its beginning as a five-country initiative, and in light of the existence of a European Immunization Week, VWA is considered as a commitment by all the Regions, making a “Global Vaccination Week” the first challenge.

However, within this global sphere, VWA also serves local and excluded populations, since it is an opportunity to improve access to vaccination among vulnerable or high-risk populations, such as indigenous communities and border and urban fringe areas. This is the second challenge facing VWA. The third challenge is for countries to take advantage of VWA's opportunity to expand and conduct other comprehensive health activities, such as the administration of antiparasitics and vitamin A, counseling, and community education activities.

The fourth challenge is related to the documentation of VWA's contributions to the regular immunization program. This documentation will help reduce inequities among vulnerable populations, strengthen the information system, and monitor and evaluate indicators. The fifth and final challenge is to use VWA as an opportunity to continually revitalize immunization program. These challenges mean maintaining the achievements obtained over the last five years, namely political prioritization in the countries of the Region, cross-border coordination, interagency cooperation, integration of health activities, and improvement of family health.