

nity in Alberta was obtained. No paralytic cases have been reported in Canada.

The strategy to deal with such importations relies most heavily on the surveillance of AFP and wild poliovirus that is in place throughout the region. Additional strategies, such as facsimile communications between governments, publications, and collaboration with other organizations, both public and private, may motivate health ministries to carry out more aggressive activities, such as stool surveys,

that could detect importations of wild poliovirus before paralytic cases occur.

Several other countries, among them Belize, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Peru, and the United States have responded to the Canadian experience by identifying communities at risk, attempting to immunize as many unvaccinated persons as possible, and conducting stool surveys to identify and contain any wild poliovirus that is found before it maims susceptible children.

Measles Elimination in Central America

Representatives of the Central American countries that have undertaken the elimination of the indigenous transmission of measles met in Honduras from 5 to 6 July to review progress to date.

Meeting participants assessed the outcome of the campaign to vaccinate 95% of children under 15 years of age by 30 June 1993, discussed the status of the epidemiologic surveillance system to detect rash and fever illnesses, and explored ways to strengthen laboratory serology techniques to diagnose measles, rubella, and dengue.

The accompanying chart shows the preliminary coverage data presented at the meeting by national representatives. A future issue of the EPI Newsletter will provide an extensive analysis of the campaign.

Measles Vaccine Coverage of Children <15 Years Old, Target and Actual Rates, Central America, by Country, July 1993*

Country	Target (%) 30 June 1993	Actual* Coverage (%)
Costa Rica	95	61
Guatemala	95	70
Honduras	95	95
Nicaragua	95	95
Panama	95	74
El Salvador	95	60

* Preliminary data

U.S. Shifts Immunization Policy

The 27th annual National Immunization Conference held in Washington, D.C. from 14 to 18 June, and attended by nearly 1000 health professionals, ushered in a major shift in U.S. immunization policy.

Until recently, the complete schedule of immunization against poliomyelitis, diphtheria, whooping cough, measles, mumps, and rubella was required by the time a child entered school or a daycare center. Vaccination coverage at that age now averages 95% nationwide. The highest risk of contracting and spreading these diseases, however, occurs in younger children, especially those who are under two years old.

Depending on the sample used to make the estimate, immunization coverage among two-year olds in the U.S. is currently around 50%, according to the most recent survey conducted by the Centers for Disease Control and Prevention. According to the same survey, in some inner-city areas coverage levels are as low as 10%.

Several reasons have been cited for low vaccination coverage among two-year olds, including: lack of awareness among parents that complete immunization is desirable by the age of two, not six; lack of access to vaccination services because of limited clinic hours; missed opportunities to immunize children when they visit pediatricians, clinics, or hospitals for other reasons; the cost of vaccines and/or physician fees; and lack of interest or commitment on the part of some private physicians, who do not wish to be held

responsible for possible adverse reactions to the vaccines and are reluctant to fill out additional forms.

The U.S. Public Health Service had set the year 2000 as its target date to get 90% of all children vaccinated by the age of two. The current goal is to expedite that process considerably. President Bill Clinton sent the Comprehensive Child Immunization Act of 1993 to Congress on 1 April 1993—within weeks of assuming the presidency.

Shortly thereafter, the Centers for Disease Control and Prevention created the National Immunization Program (NIP) which has dedicated the better part of its work to planning the CDC's role in implementing the President's Initiative.

If approved, the President's new legislation would authorize the Secretary of Health and Human Services to purchase and provide childhood vaccines in bulk to meet nation-wide immunization needs; institute an aggressive outreach campaign at the national, state, and regional levels; establish a tracking system based on immunization registries; maintain the National Vaccine Injury Compensation Program; and continue vaccine infrastructure enhancements to increase service delivery and access.

The President has also requested increased Federal funding for immunization activities in fiscal year 1994. This proposed legislation marks the beginning of a new era in the Federal Government's commitment to the health of the nation's children.