

# 2011 Vaccination

Vaccination Week in the Americas

**Vaccinate your family, protect your community**



23-30 April 2011  
Final Report



**Pan American  
Health  
Organization**

Regional Office of the  
World Health Organization

Comprehensive Family Immunization  
Family and Community Health Area

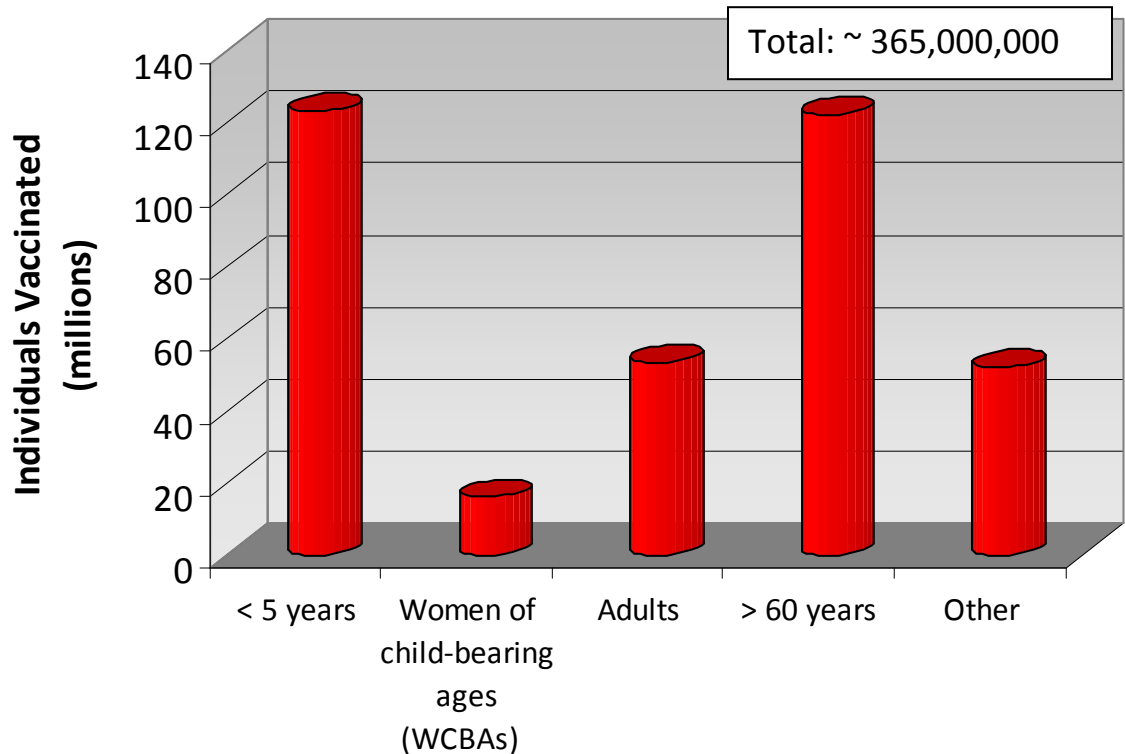


## Background

Over its nine year history, Vaccination Week in the Americas (VWA) has become a key annual opportunity to advance equity and access to vaccination services for all citizens of the Region, while highlighting the essential work of national immunization programs in public forums.

The history of VWA began in 2002 following the last endemic outbreak of measles in the Americas, which occurred between Colombia and Venezuela. Prompted by this emergency, the Health Ministers of the Andean Region countries proposed a coordinated multinational vaccination campaign to prevent future outbreaks. In 2003, the first VWA was celebrated by 19 countries and territories and later that same year the initiative was endorsed through a resolution of the Directing Council of the Pan American Health Organization (PAHO). Over the subsequent years, VWA has grown to involve all PAHO Member States and approximately 365 million individuals have been vaccinated in campaigns conducted under the VWA framework (Figure 1). A key aspect of VWA is the flexibility of country involvement; national VWA activities are chosen independently and in accordance with current health priorities (Table 1).

**Figure 1.** VWA vaccination results by population group 2003-2011\*



\*As of 7 October 2011

**Table 1.** General categorizations of vaccination campaigns completed as part of Vaccination Week in the Americas, 2003-2011\*

Overall campaign goals	2003	2004	2005	2006	2007	2008	2009	2010	2011
<b>Measles elimination</b>	BOL, MEX, PRY	DOR, HND, NIC	ARG, BLZ, SUR	COL, CRI, MEX, URU, VEN	CRI, HTI	ECU, GTM, HTI, HND, NIC, PAN	SUR	DOR	CRI, ECU, KNA
<b>Polio eradication</b>	MEX, VEN	CUB, DOR, HND, MEX, NIC	CUB, DOR, HND, MEX, NIC	COL, CUB, DOR, ECU, HND, MEX, NIC, SLV	CUB, DOR, HND, HTI, MEX, NIC	DOR, ECU, GTM, HND, NIC	CUB, DOR, MEX, NIC	CUB, DOR, MEX, NIC	CRI, CUB, DOM, MEX, NIC
<b>Completion of childhood schedules**</b>	VEN	ARG, BLZ, BOL, BRA, COL, CRI, CUB, GTM, HTI, JAM, MEX, NIC, PAN, PER, PRY, SUR, TTO, URU, VEN	BLZ, BOL, BRA, COL, CRI, DOR, ECU, GTM, HND, HTI, MEX, NIC, PAN, PER, SLV, SUR, TTO, VEN	BRA, COL, CRI, DOR, ECU, GTM, HND, HTI, JAM, MEX, NIC, PAN, PER, SLV	ARG, BLZ, BRA, COL, CRI, DOR, HND, MEX, NIC, PAN, PER, PRY, SLV, SUR, VEN	BLZ, BOL, BRA, COL, DOR, NIC, PRY, SLV, SUR, VEN	ARG, BOL, DOR, GTM, HTI, HND, MEX, NIC, PAN, PER, SLV, SUR, VEN	BLZ, BOL, CRI, GUY, HND, HTI, MEX, NIC, PAN, SLV, SUR, TTO, URU, VEN	AIA, ATG, BHS, BLZ, BRA, BRB, COL, DOM, GRD, GUY, HND, HTI, LCA, MEX, MSR, NIC, PAN, PRY, SLV, SMA, SUR, TTO, URY, VCT, VEN
<b>Rubella elimination</b>		BLZ, ECU, MEX, PAN, PER, SLV	MEX, PRY	BOL, COL, MEX, VEN	CUB, GTM, HTI, MEX	MEX, SLV	MEX, VEN	MEX	MEX
<b>Yellow fever risk reduction</b>	VEN	BOL, COL, TTO, VEN	ARG, BOL, COL, ECU, PER, TTO, VEN	COL, PER	BOL, ECU, PER	COL, PRY, SUR, VEN	GUY, SUR, VEN	BOL, TTO	TTO
<b>Seasonal Influenza vaccination</b>		BRA, CHL, URU	BRA, SLV	ARG, BHS, BRA, CHL, CRI, PAN, PRY, URU	ARG, BRA, CHL, COL, CRI, PAN, PRY	BRA, CHL, COL, PRY, SLV, VEN	BRA, DOR, PAN, SLV, URU, VEN	BRA, CRI, GRD, PAN, SLV, TTO, VEN	ARG, BOL, BRA, CHL, COL, PAN, PRY, SLV, URY, VEN
<b>Tetanus control</b>	MEX, VEN	BOL, BRA, COL, GTM, MEX, NIC, PAN, PER, PRY, VEN	BOL, BRA, COL, HND, HTI, MEX, NIC, PAN, SLV, TTO, VEN	BRA, COL, CRI, ECU, GTM, HND, HTI, , MEX, NIC, PAN, PER, PRY, SLV, SUR	BRA, CRI, DOR, HND, MEX, NIC, PAN, PRY, SLV, VEN	BOL, BRA, COL, CUB, DOR, NIC, SLV, VEN	BLZ, DOR, GTM, HND, HTI, MEX, NIC, PAN, SLV, VEN	BOL, CRI, HND, MEX, NIC, SLV, VEN	DOM, HND, MEX, NIC, PAN, SLV, VEN
<b>Occupational risk groups</b>		CRI MSR, TCA, VGB	KNA, PAN	CRI	BRB, GRD, JAM, KNA, VCT	BRB, JAM, KNA, MSR, VCT	BOL, DOR, HND, MSR	AIA, CRI, GRD, JAM, LCA, MSR, TTO, VEN, VGB	AIA, BHS, BLZ, DOM, GRD, LCA, MSR, PAN, PRY, TTO, URY, VGB
<b>Introduction of new vaccines</b>		DOR	GTM	PAN	GRD, PAN	PAN	PAN	ARG, BHS, BOL, BRA, BRB, CRI, ECU, GRD, GTM, GUY, HND, LCA, MSR, PAN, PER, SLV, TCA, TTO,	PRY



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Achievements	2003	2004	2005	2006	2007	2008	2009	2010	2011
Population vaccinated	16,283,888	43,749,720	38,172,925	49,219,552	47,694,804	59,740,221	33,700,421	34,836,184	41,590,511
Participating countries and territories	19	35	36	39	45	45	44	41	43
Countries with integrated activities	0	4	5	7	6	10	6	14	12
Mobilization of resources	\$77,040	\$1,400,000	\$737,865	\$400,000	\$435,280	\$304,535	\$301,431	\$390,500	\$697,500

Source: Country Reports to FCH-IM, PAHO, \*As of 6 October 2011. \*\*Countries that implemented smaller-scale activities to complete schedules are not included in this table from 2003-2010. For an explanation of abbreviations used please see Appendix 1



Costa Rican children during VWA 2011



A pregnant woman getting vaccinated, Brazil, VWA 2011



Mother and child, Guatemala, VWA 2011

## VWA 2011

### a. Pre-launch activity, VWA 2011

In February 2011, a pre-VWA celebration took place when singer-songwriter Ricardo Montaner was honored at PAHO headquarters in Washington DC with the 2011 Champion of Health Award. Montaner received the award for his support of VWA which he has participated in since 2007. Upon receiving the honor, Montaner commented that being a PAHO Champion of Health will allow him "to keep being active every day, touching people's hearts." He said that traveling throughout the Americas as a participant in Vaccination Week has given him the chance to "knock on the doors of entire communities, who have responded to PAHO's call" to protect their families through vaccination. Ceremony attendees included Mr. Nils Kastberg, UNICEF representative for Sudan and formerly regional UNICEF director for Latin America and the Caribbean, Mrs. Vivian de Torrijos, Ex-First Lady of Panama, and Marlene Rodriguez Miranda, wife of Ricardo Montaner and his partner in their work on behalf of children with special needs. With his award, Montaner joins previous PAHO Champions of Health award recipients including: Fernando Sendra, Mario Kreutzberger - "Don Francisco," Sesame Workshop, Mercedes Sosa, Jon Secada, Heather Mills, Mauricio de Sousa and Ronaldinho, among others.



**Photograph A.** From left to right, Vivian de Torrijos, Nils Kastberg, Ricardo Montaner, Dr Mirta Roses, PAHO Director and Marlene Rodriguez Miranda. **Photograph B.** From left to right, Dr Socorro Gross, PAHO Assistant Director; Ricardo Montaner, and Dr Mirta Roses, PAHO Director. Photos© PAHO/WHO - Photography)

### B. VWA 2011 launching events

VWA was celebrated from 23-30 April 2011 under the Regional 2011 slogan of "*Vaccinate your family, protect your community*". The initiative was launched in multiple ceremonies and celebrations in large cities and small towns and on bi and tri-national borders across the Region.

The first large scale Regional VWA launching event of the year took place on **26 April** in the community of Kasaní, located at approximately 3,900 meters above sea level on the border between Peru and Bolivia. This location was chosen to highlight the health situation of communities living in the Altiplano sub region. The launch counted on the

*"From here, facing Lake Titicaca, we have the potential to mobilize the entire world. This place is marvelous and very symbolic because it is the summit of our America. From here we make an appeal regarding the importance of continuing to vaccinate, for the health and lives of everyone."*

-Dr. Mirta Roses Periago VWA launching event in Kasaní, border Bolivia and Peru

attendance of multiple authorities including Ministers of Health and high level authorities from both governments, PAHO's Director Dr. Mirta Roses Periago, PAHO/WHO country representatives from Bolivia and Peru,

representatives from the country offices of the United Nations Children's Fund (UNICEF), the United Nations Office for Project Services (UNOPS), the United Nations Development Programme (UNDP), and hundreds of community members.

A second Regional VWA celebration occurred on **30 April** in the city of Manaus, Brazil, a site selected to underscore the importance of vaccination in indigenous communities and other at-risk populations living in the Amazon Basin. Invitations to this event were sent by Brazil to authorities of neighboring Amazon countries in an effort to strengthen international collaboration within the framework of the 1978 Amazon Cooperation Treaty. Participants in the launch included the Brazilian Ministers of Health and External Relations and other governmental leaders, PAHO's Director and the PAHO/WHO Representative from Brazil, the Secretary-General of the Amazon Cooperation Treaty Organization, officials from the United States' Centers for Disease Control and Prevention (CDC), the Regional Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and delegates from WHO headquarters and the Regional Office for South-East Asia (SEARO).

Other 2011 launching ceremonies which occurred in the Region included a celebration on **25 April** held at the Community Health Center of Veracruz, Panama, outside of Panama City. This event was attended by the First Lady of Panama, the Panamanian Minister of Health, PAHO's Assistant Director Dr. Socorro Gross, the PAHO/WHO Representative in Panama, Ricardo Montaner, the sub-Director of UNICEF for Latin America and the Caribbean, spouses of Ministers of State, Representatives from the Health Commission of the National Assembly and other high level authorities. Following the launch, Dr. Gross, Ricardo Montaner, and a group of national authorities visited the headquarters of the Panamanian Institute for Rehabilitation, where they delivered vaccines and inaugurated a new classroom for general developmental disorders.

The following day (**26 April**) a joint launch of VWA and the United States' sister initiative, National Infant Immunization Week (NIIW) was held in Tucson, Arizona. PAHO's Deputy Director Dr. Jon Kim Andrus was in attendance as was the Deputy Director of the CDC's National Center for Immunization and Respiratory Diseases and other United States and Mexican authorities. A wide variety of events and vaccination activities were carried out throughout in the border region in celebration of VWA/NIIW this year, supported by US/Mexico Border Health Commission, the Department of Health

and Human Services of the United States, the Secretariat of Health of Mexico, the PAHO/WHO U.S.-Mexico Border Office and 10 border-state health departments.

Over the course of the week additional VWA celebrations were held in Guatemala, on the tri-national border between Colombia, Brazil and Peru, between Guatemala and Honduras, between Colombia and Ecuador, between Suriname and French Guyana, and in El Salvador, Costa Rica, Uruguay and in Cuba, among many other locations. For photographs of selected launching events, see Appendix 2.

### c. Vaccination Results

In 2011, countries and territories used VWA to implement a wide range of vaccination activities, from national campaigns, to focused sub-national efforts, chosen based on the current national priorities of each health system. As of 7 October 2011, approximately 41.6 million individuals had been vaccinated under the framework of VWA. Despite the diversity of national activities, many country efforts can be categorized into three main areas of work, based on PAHO's Regional Immunization Vision and Strategy (RIVS) and namely, *efforts to protect the achievements, to complete the unfinished agenda, and to face new challenges in immunization*. Selected results are summarized below.

1. Protecting the achievements: polio eradication, measles elimination, diphtheria and hepatitis B control, and completion of vaccination schedules.
  - Costa Rica, Cuba, the Dominican Republic, Mexico and Nicaragua used VWA this year to implement mass **polio campaigns**. While polio has been eliminated in the Americas since 1994, recent outbreaks outside the Region have underscored the constant risk of disease importation and the need to maintain high vaccination coverage. During VWA 2011, Costa Rica targeted children aged two months to less than five years; Cuba vaccinated 505,243 children under nine years of age (99.4% of their pre-established goal) and the Dominican Republic vaccinated children under three years of age (537,755 doses). As part of the Second National Health Week, Mexico administered more than 8.8 million polio doses to children aged less than 5 years while Nicaragua administered a dose of polio vaccine to all children from 2 months to 4 years of age (680,635 doses).
  - Costa Rica, Ecuador and the islands of St. Kitts and Nevis carried out vaccination campaigns with measles-containing vaccine during VWA 2011 in an effort to sustain the **elimination of measles** in the Region. In their campaign, Costa Rica targeted children aged 15 months to less than 10 years with the MMR vaccine, while Ecuador vaccinated children at 7 years of age both in and out of schools. In St. Kitts and Nevis a mop-up campaign was conducted targeting pockets of persons between 2-49 years without two prior doses of vaccine.
  - During VWA 2011 the island of St. Eustatius implemented a **Hepatitis B** campaign to vaccinate the population cohort born from 1990-1995 with their second dose of vaccine. Vaccination activities took place in schools and the

public health department. First doses had been administered in March. Hepatitis B vaccine was introduced on the island in 1996.

- At least ten Latin-American countries (Brazil, Colombia, Honduras, Haiti, Mexico, Nicaragua, Panama, Paraguay, Uruguay and Venezuela) took advantage of VWA 2011 to administer multiple antigens to complete childhood schedules and increase coverage of their national immunization programs.
  - In Brazil, VWA was celebrated alongside Vaccination Month for Indigenous Communities, a massive, logistically-complex effort to vaccinate indigenous populations belonging to 175 distinct ethnic groups in 1,286 villages in nine states against diseases such as polio, diphtheria, tetanus, pertussis and influenza. Approximately 2,900 health professions were involved in the month's efforts. Vaccination services were offered to the entire community, but targeted children under five, women of childbearing ages, and the elderly. The month's efforts were launched on 25 April in the village of Feijoal in the state of Amazonas, utilizing VWA's Regional theme, "Vaccinate your family, protect your community."
  - In Colombia, VWA campaigns targeted children less than 5 years of age to improve coverage, complete schedules and apply booster doses of DPT, polio and MMR vaccine.
  - As has been the VWA tradition in both countries, Honduras and Nicaragua carried out comprehensive national campaigns in 2011 which included activities to complete childhood schedules:
    - In Honduras, more than 250,000 doses of childhood vaccines were administered; of particular note, out of a total of 63,626 doses of polio vaccine administered, 1,752 doses corresponded to 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> doses for children between 1-4 years, initiating, advancing or completing delayed schedules. Similarly, out of 43,133 pentavalent doses applied, 1,839 were administered to children between 1-4 years, an age when children should have already received all required doses.
    - Nicaragua administered 58,348 doses of pentavalent vaccine, 45,738 doses of rotavirus vaccine, 40,418 doses of pneumococcal vaccine, 105,487 doses of DPT vaccine and 26,547 doses of MMR vaccine during VWA, accomplishing 90% or higher of their pre-established goals across all five antigens.
  - In Haiti, VWA activities took place in selected communes in the South-East and West Departments where children up to four years of age were vaccinated against polio, diphtheria, tetanus, pertussis, measles and rubella to complete schedules or as booster doses.
  - Panama, Paraguay and Venezuela also administered multiple antigens to complete schedules, paying particular focus to targeted priority zones within each country.
    - Panama focused efforts on children older than one year of age living in low coverage areas, those with high drop-out rates, border areas



- with Costa Rica and Colombia, hard-to-reach areas, indigenous communities and other marginalized/displaced populations.
  - Paraguay focused its activities to raise coverage in 20 at-risk municipalities within which 34% of the population under 1 yr of age reside
  - Venezuela completed a national campaign to complete schedules during VWA 2011, prioritizing border and high risk municipalities in their efforts.
- Throughout 11 countries and territories of the English-speaking Caribbean, a variety of outreach vaccination activities were also carried out to complete childhood schedules and offer booster doses to adolescents and adult populations. On several islands, **occupational risk groups** were also a major focus of vaccination and/or training efforts. Selected results include:
  - Anguilla targeted school-aged children and frontline workers for vaccination during VWA 2011. Community health workers visited a school, the airport and two seaports during outreach efforts.
  - In Bahamas, the radio was used to reach out to parents and children who had defaulted from their vaccination schedules; clinic nurses also increased telephone calls and home visits to defaulters. Immunization outreach was conducted at two malls, the police college and the department of Environmental Health Services. As an extension of VWA, a one day EPI symposium was held in June for health care workers.
  - Barbados held open days at various polyclinics and a training workshop on vaccine-preventable diseases for health care workers.
  - In Belize, children under 5 years of age living in low coverage communities were targeted to complete schedules. Occupational risk group including health care workers, customs, immigration, and border personnel, meat vendors, poultry, sanitation and construction workers were also vaccinated.
  - The British Virgin Islands (BVI) conducted mop-up vaccination sessions targeting occupational risk groups such as health care workers, teachers, police officers, agriculture and solid waste workers. Among other activities, health workers participated in a workshop regarding events supposedly attributable to vaccines or immunization (ESAVI).
  - Grenada vaccinated occupational health groups including farmers, fisher folk, solid waste workers, factory workers, health-care workers, restaurant employees, store employees and law enforcement officers during VWA. The island also extended clinic hours, vaccinated preschool students and provided Td shots to secondary students.
  - Guyana conducted mop-up vaccination activities in low coverage areas, vaccinating in public areas and schools, at industrial training centers, house-to-house, and through a mobile vaccine bus.
  - Jamaica focused on educational activities to improve compliance with the immunization regulations of the Public Health Law, which requires adequate vaccination for children to enter schools. Training was held for Early Childhood Development Officers and Resource Centre Managers so

that these professional could help educate parents in their own communities. Sensitization sessions were also held for several hundred Early Childhood Institution Officers.

- In addition to vaccinating school-aged children, Montserrat held educational sessions during PTA meetings about immunization. Occupational vaccination of farmers and fisherman was also carried out.
  - St. Lucia vaccinated police officers and fireman with the Hepatitis B vaccine and adolescents with Hepatitis B, Td, OPV and MMR. An ESAVI training workshop was held for primary health care and infection control nurses.
  - St. Maarten conducted an ESAVI training and carried out vaccination to complete schedules during an open house and two outreach activities
  - Suriname worked to complete childhood schedules in nine target villages in Brokopondo, a district chosen due to the unavailability of transportation for populations to reach the closest health clinics. Vaccination was done house-to-house.
  - Trinidad and Tobago conducted a Vaccination Day to increase coverage, particularly among adults. A seminar "Health care workers immunization, a vital component of Occupational Safety and Health" was also held, targeting a wide variety of healthcare workers to promote and support awareness of immunization. Occupational vaccination of employees of various government ministries was also carried out.
- Elsewhere in the Caribbean, the Dominican Republic also worked to protect the health of occupational risk groups, administering 104,831 first Td doses to agricultural and construction workers.
  - Among the many activities which occurred along the Mexican-United States border during VWA/NIIW 2011, multiple workshops were held for health professional to update knowledge on immunization and gain familiarity with the vaccination schedules on both sides of the border.
2. Completing the unfinished agenda: improving vaccination coverage against yellow fever, influenza, rubella and CRS, and maternal and neonatal tetanus in high-risk, isolated, border, and indigenous populations.
- Argentina, Bolivia, Brazil, Chile, Colombia, El Salvador, Panama, Paraguay and Uruguay all implemented **influenza** campaigns as part of VWA 2011
    - This year marked Brazil's 13<sup>th</sup> annual seasonal influenza campaign, an activity that predates VWA. In 2011 for the first time, the country expanded their target groups to include children from 6 to 23 months of age and pregnant women, in addition to persons 60 years and older, indigenous communities and health care workers as in prior years. The country administered a total of 23,757,744 vaccine doses, accomplishing 79.4% of its pre-established goal.

- In Chile, influenza activities extended from 28 March to 31 May and targeted pregnant women after first trimester, children 6-23 months, adults over 60 years, individuals with chronic conditions and those working in health care institutions.
  - El Salvador's campaign targeted groups including children less than one year of age, elderly adults, pregnant women, and healthcare workers.
  - Paraguay vaccinated elderly adults, individuals with chronic disease, children 6-23 months, pregnant women, essential workers, indigenous populations and health care workers
  - Similarly, Uruguay vaccinated children from 6 months to 5 years, individuals with chronic disease, pregnant and post-partum populations, the elderly and health care/essential workers.
- The El Salvador, Honduras, Mexico, Nicaragua, Panama, and Venezuela were among the countries that vaccinated women of childbearing ages (WCBAs) with the Td vaccine in an effort to prevent **maternal and neonatal tetanus**
    - El Salvador, Honduras, Mexico and Nicaragua administered 139,737; 64,059; 967,248 and 412,938 doses of Td vaccine, respectively. In Venezuela 155,925 doses of Td vaccine were administered to women 11-49 years.

### 3. Facing new challenges:

- Paraguay made use of the platform created by VWA to introduce the pneumococcal-23 vaccine for elderly adults and populations with chronic disease, and to be administered simultaneously with the influenza vaccine.

**Table 3. People Vaccinated, by Target Population and Country or Territory, VWA 2011\***

Country	0-12 months	1-4 years	<5 years	> 5 years	WCBA's Td	>60 years influenza	Adult MR/MMR	High risk occupations	Others	TOTAL
Anguilla				179				74		253
Antigua & Barbuda	Social mobilization and varied vaccination activities									
Argentina <sup>a</sup>			72,426	39,045		60,896		47,084	147,767	367,218
Aruba										
Bahamas <sup>b</sup>	Social mobilization and varied vaccination activities								345	345
Barbados	Social mobilization and varied vaccination activities									
Belize			1,459	2,497				1,204		5,160
Bermuda	Social mobilization and communication									
BES Islands (St. Eustatius and Bonaire)			162	128						290
Bolivia			161,181			320,168				481,349
Brazil <sup>c</sup>			3,745,696			15,733,144		2,326,721	1,952,183	23,757,744
British Virgin Islands								196		196
Canada	Social mobilization and communication									
Cayman Islands	Social mobilization and communication and MMR catch-up program									
Chile <sup>d</sup>									1,360,000	1,360,000
Colombia	230,329	84,263	257,610							572,202
Costa Rica	Pending final vaccination results									
Cuba	125,546	246,196		133,501						505,243
Curaçao										
Dominica	Social mobilization and communication									
Dominican Rep.		537,755		311,836				104,831		954,422
Ecuador	Pending final campaign results									
El Salvador <sup>e</sup>	63,424	242,238	66,308		139,737	442,568		12,292	70,156	1,036,723
Grenada		31		64				270	71	436
Guatemala										
Guyana <sup>f</sup>		627		715					3,503	4,845
Haiti <sup>g</sup>	5,858	21,860								27,718
Honduras <sup>h</sup>	45,274		43,918	51,556	12,503				122,872	276,123
Jamaica	Educational and social mobilization efforts									
Mexico <sup>i</sup>			8,882,892		967,248					9,850,140
Montserrat <sup>t</sup>			57	67						124

Country	0-12 months	1-4 years	<5 years	> 5 years	WCBA's Td	>60 years influenza	Adult MR/MMR	High risk occupations	Others	TOTAL
Nicaragua <sup>k</sup>			680,635		412,938					1,093,573
Panama <sup>l</sup>	1,642	2865		5,436		8,464				18,407
Paraguay <sup>m</sup>			146,348			201,260		86,404	274,840	708,852
Peru										
St. Kitts and Nevis <sup>n</sup>		110		134					2,228	2,472
St. Lucia				3,000				91		3,091
St. Maarten			10	38						48
St Vincent and the Grenadines <sup>o</sup>	4		28	77					719	828
Suriname	5	114	50	43						212
Turks and Caicos										
Trinidad & Tobago <sup>p</sup>								3,017	1,055	4,072
United States	Social mobilization and varied vaccination activities									
Uruguay <sup>q</sup>			18,918			45,577		7,351		2,424
Venezuela <sup>r</sup>			110,046		155,925				220,608	486,579
<b>TOTAL</b>	<b>472,082</b>	<b>1,136,059</b>	<b>14,187,744</b>	<b>548,316</b>	<b>1,688,351</b>	<b>16,812,077</b>		<b>2,589,535</b>	<b>4,156,347</b>	<b>41,590,511</b>

a. In Argentina others refers to influenza vaccination of pregnant and post-partum women, and at risk individuals from 9-64 years.

b. In Bahamas others refers to a wide variety of individuals vaccinated in outreach activities through the island.

c. Others in Brazil includes indigenous populations and pregnant women vaccinated against seasonal influenza.

d. Others in Chile refers to non-disaggregated data on influenza vaccination target groups which included healthcare workers, individuals with chronic illness and population >60 years

e. Others in El Salvador refers to pregnant women and other groups vaccinated with influenza.

f. Others in Guyana refers to MMR vaccination of young adults 18-25+ years.

g. Partial data

h. In Honduras, others refers to the vaccination of individuals from 2-59 years with chronic disease with pneumococcal vaccine

i. Both women and men (12-45 years) were vaccinated with Td vaccine in Mexico

j. Data not available regarding all vaccines administered.

k. In Nicaragua Td vaccine was administered to individuals aged 10 year, 20 years and adults without prior vaccination.

l. Panama administered 22,332 doses of vaccine to WCBA's, but did not specify the antigen. The country reported administering thousands of doses that were not sub-divided by population group and are therefore not included in this table.

m. Others in Paraguay refers to influenza vaccination of individuals with chronic disease, pregnant women, post-partem women, indigenous and captive populations.

n. Others in St. Kitts are population aged >20 years vaccinated with MMR vaccine (majority second dose)

o. Others in St. Vincent and the Grenadines refers to the vaccination of the general adult population.

p. Individuals of all ages (majority in 41-50 yr age group) vaccinated during a Vaccination Day in San Fernando and a wide spectrum of individuals vaccinated nationwide through a variety of different activities in the nation's counties.

q. In Uruguay others refers to vaccination of pregnant women with influenza vaccine.

r. Others in Venezuela refers to vaccination of elderly adults with the Pneumococcal 23 valent vaccine.



**Table 4. Number of Doses Administered by Antigen and Country or Territory, VWA 2011\***

Country	MMR	MR	DTP	DT	Td	TT	Hib	Hep B	Pentavalent	Polio	BCG	YF	Influenza	RV	Pneumo	Other
Anguilla				179				1		173						
Antigua & Barbuda	Social mobilization and varied vaccination activities															
Argentina													367,218		8126	
Aruba																
Bahamas	63			195				347		10		10	261			
Barbados	Social mobilization and varied vaccination activities															
Belize	773		506	2,497	452			183	356	866	45		1,021			
Bermuda	Social mobilization and communication															
BES Islands (St. Eustatius and Bonaire)								128								162
Bolivia													481,349			
Brazil													23,757,744			
British Virgin Islands	20				153			156								
Canada	Social mobilization and communication															
Cayman Islands	Social mobilization and communication and MMR catch-up program															
Chile													1,360,000			
Colombia	128,678		67,016					54,630	175,699	299,136	54,630	84,263	134,173	109,869		
Costa Rica	Pending final vaccination results															
Cuba										505,243						
Curaçao																
Dominica	Social mobilization and communication															
Dominican Rep.			78,083		233,753					537,755						
Ecuador	Pending final campaign results by end of June															
El Salvador	23,233		11,645	2,494	139,737				52,876	64,629	12,542		830,678	24,579	265,227	
Grenada	18			31	334			177		2			139			
Guatemala																
Guyana	3,603				1,600			1,317				2,227				
Haiti <sup>a</sup>		10,693	15,100							27,057						
Honduras	15,824		43,918		64,059				43,133	63,626	8,854			25,289	177,657	
Jamaica	Educational and social mobilization efforts															
Mexico <sup>b</sup>	238,488	271,446	179,415		967,248			487,966		8,882,892	89,462			236,882	412,527	483,172
Montserrat <sup>c</sup>																

Country	MMR	MR	DTP	DT	Td	TT	Hib	Hep B	Pentavalent	Polio	BCG	YF	Influenza	RV	Pneumo	Other
Nicaragua	26,547		105,487		412,938				58,348	680,635				45,738	40,418	
Panama <sup>d</sup>	2,368		2,912					5,436	1,268	2,173	164		66,346	834	5,566	66,468
Paraguay													709,173		173,951	
Peru																
St. Kitts and Nevis	2,472															
St. Lucia <sup>e</sup>								91								3,000
St. Maarten <sup>f</sup>	38							23	6							40
St Vincent and the Grenadines	29			28	416			344	3	31		36				
Suriname	92		51	5					5			28				
Turks and Caicos																
Trinidad & Tobago	1,088		129		3,695		16	3,343	169	333		3,383	2,282			
United States	Social mobilization and varied vaccination activities															
Uruguay													152,076		6,613	
Venezuela	35,691				155,925			28,012	33,759	34,332	65,351	7,509		21,852	220,608	
<b>TOTAL</b>	<b>172,212</b>	<b>10,693</b>	<b>504,262</b>	<b>5,429</b>	<b>1,824,385</b>	<b>0</b>	<b>16</b>	<b>554,142</b>	<b>331,863</b>	<b>11,064,561</b>	<b>165,697</b>	<b>89,947</b>	<b>27,862,460</b>	<b>443,191</b>	<b>1,090,085</b>	<b>552,842</b>

a. Partial data

b. Others in Mexico is DpaT+VIP+Hib

c. Data not disaggregated by antigen

d. In Panama, Other refers to girls aged 10 yrs vaccinated with first, second or third dose of HPV vaccine (approximately 5,000 doses), children aged 1 year vaccinated with Hepatitis A (1,312 doses) and Tetravalente vaccine (738 doses), 22,332 doses of vaccine administered to WCBAs (antigen not identified), and 37,032 doses of unidentified antigen to the general population. Note: Panama administered Dtap vaccine, not DTP.

e. In St. Lucia, Other refers to the vaccination of more than 3,000 adolescents with Hepatitis B, Td, OPV and MMR vaccines. Doses were not disaggregated

f. Other in St. Maarten refers to the DT/IPV vaccine.

## **d. Impact evaluation**

### **1. Indicators**

As one means of documenting the impact of VWA, the following indicators have been defined:

- 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);
- Number and percentage of WCBA 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 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.

In 2011, selected countries and territories reported the following achievements:

- Among their reported indicators, Honduras:
  - a. Vaccinated 6,292 pregnant women with their first dose of Td vaccine.
  - b. Conducted 408 RCM during VWA, 81 (20%) of which found areas with less than 95% coverage for the third dose of pentavalent vaccine among children under 1 year of age.
  - c. Identified that out of the population from 1-4 years targeted during VWA, 13% of children were missing either their first, second or third dose of pentavalent vaccine.
  - d. Reported that 100% of their at-risk municipalities had plans for second and third rounds of vaccination to complete schedules started during VWA.
- Panama:
  - a. Identified 30,961 WCBA in their prioritized areas (zones with low coverage, high drop out rates, border areas and hard-to-reach areas, and among indigenous and displaced communities) and vaccinated 9.4% of this population group with their first dose of Td vaccine.
  - b. Interviewed 1,000 individuals, 84% of which had heard of a vaccination campaign. The top three communication channels were found to be via health centers, schools and the radio. Upon learning of the campaign, the majority of respondents (678) said that they had either gone to be vaccinated themselves or brought someone else to be.

- c. Carried out active case-finding during which 12,240 households were interviewed and no suspect measles/rubella and/or acute flaccid paralysis (AFP) cases were found. No cases had been detected in the surveillance system. During interviews, households were asked as to the birth records of children and whether or not neonatal tetanus had been suspected. Twenty-seven births were noted, of which 25 had been registered, one had not yet been registered and one child had died. No suspected neonatal tetanus cases were reported.
- o Trinidad and Tobago conducted a survey of the public to assess their knowledge and opinions on VWA. One hundred and twenty individuals responded (66% female, 29.2% male, 4.2% no indication). The majority of respondents were over age 45 (36.7%). Of those interviewed 50% regularly visited a health center and 24% did not. Approximately 31% of respondents learned of VWA activities through their health centers, 23% through a friend, 14% through the newspaper and a combined 5% gained information through television and radio. 60% of respondents rated VWA 2011 between an 8 and 10 on a 10 point scale. When individuals were asked what services should be added to VWA, 34% stated that other health services should be integrated into the event.
- o Venezuela administered first doses of Td vaccine to 43,132 to women from 11-49 years and 20,776 doses of Td vaccine to pregnant women who had no history of prior vaccination.

## 2. National evaluation efforts

In the far south of the Region, a study was conducted in the city of Ushuaia, Province of Tierra del Fuego, Argentina, to examine the effect of VWA 2011 on the coverage of the 4th dose of polio vaccine<sup>1</sup>. This year marked the first time that Ushuaia had participated in VWA. The study utilized the records of the Provincial Immunization program from 2009-2011 in order to construct a monthly trend chart for a descriptive analysis. Differences in coverage between months were measured using a nonparametric test of proportions.

The study found two peaks in coverage, one during the months of March-April and a second at the end of the year. Between March and April 2011, a significant increase in coverage was noted. As of April 2011, the accumulated coverage (38.9%) was also greater than the expected goal. A significant increase in coverage was also observed between April 2010 and April 2011. There was no significant increase in coverage observed between the months of March of both years. The study authors concluded that VWA in Ushuaia had a positive impact through elevating coverage within the month of

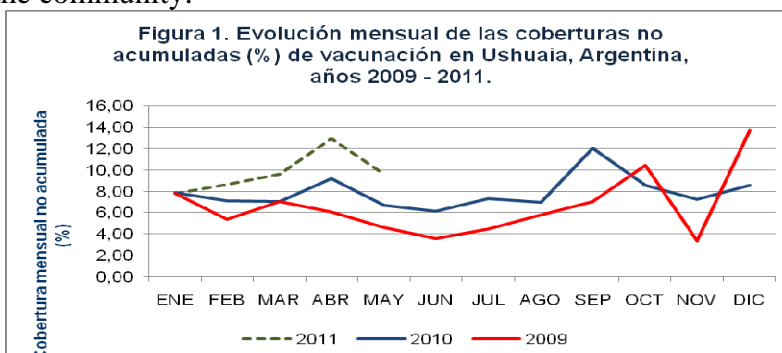
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<sup>1</sup> Morseletto MA<sup>1</sup>, Gallegos M<sup>2</sup>, Orellano PW<sup>2</sup>. Efecto de la “Semana Panamericana de la Vacunación 2011” en la cobertura de cuarta dosis de vacuna Sabin. Ciudad de Ushuaia, Argentina.

<sup>1</sup> Programa Provincial de Inmunizaciones, Ministerio de Salud de Tierra del Fuego, Antártida e Islas del Atlántico Sur.

<sup>2</sup> Dirección de Epidemiología e Información de la Salud, Ministerio de Salud de Tierra del Fuego, Antártida e Islas del Atlántico Sur.

April and in comparison to the previous month and the previous year. They also noted that while VWA activities were of short duration and low cost, they had a large impact on the health of the community.



Source: Ministry of Health, Argentina

In Belize national authorities also reported an increase in national coverage for April 2011, over what would have been expected, due to VWA activities. (Table 5)

**Table 5.** Percent Increase in Vaccination for April 2011 (above the expected 8%)

District	<1 year		1 year	2 years	4 years	
	OPV 3	Penta 3	MMR1	MMR2	Polio 4	DPT4
National	3	3	11	11	13	13

Source: Ministry of Health, Belize

### 3. VWA impact evaluation studies in conjunction with the United States Center for Disease Control and Prevention

In 2011, the United States CDC and PAHO collaborated to offer technical support to countries interested in conducting studies to evaluate the impact of VWA vaccination campaigns on the national immunization program. Both Venezuela and Paraguay expressed interest and an initial planning workshop was held in Panama City, Panama in May 2011 with country representatives, a CDC epidemiologist and biostatistician, and five PAHO staff members (three from headquarters and two from the country offices) to discuss study objectives and appropriate methodologies and to begin to draft protocols.

In July and August 2011, separate trips were made by CDC and PAHO staff members to the two countries to support the finalization of protocols. Both countries chose to evaluate the impact of campaigns in selected sub-national areas. At the time of this report, house-to-house field interviews had been completed and both countries were in the process of data cleaning and early analysis. The ultimate goal of both countries is to publish study results in peer-reviewed journals for wide dissemination.



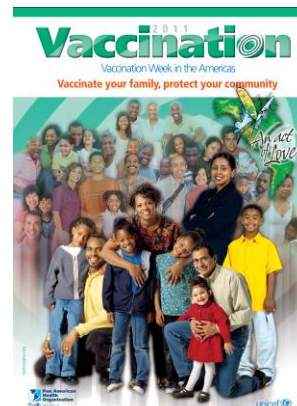
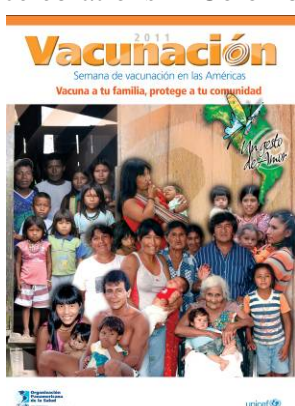
## e. Mass communication and social mobilization

### 1. Regional social communication campaigns

The Regional slogan for VWA 2011 “Vaccinate your family, protect your community.” was readily accepted in many countries who adopted it into national activities. For example, in Anguilla 6th grade students composed jingles around the slogan and in BVI schoolchildren staged drama productions based on the slogan which were videotaped for public viewing.

#### Print materials

To support countries’ communication efforts, 29,000 posters and 93,000 stickers were distributed to Member States and digital copies were also made available. Posters were designed in 5 languages and featured 2 design concepts. The first emphasized the concept of community, showing images of a wide array of families posed together. The second design concept highlighted the population of children’s characters from Sesame Street and Plaza Sésamo, thanks to an ongoing collaboration between PAHO and the Sesame Workshop. Live actors dressed up as the Plaza Sésamo characters also participated in VWA celebrations in Colombia and Costa Rica.



#### Facebook

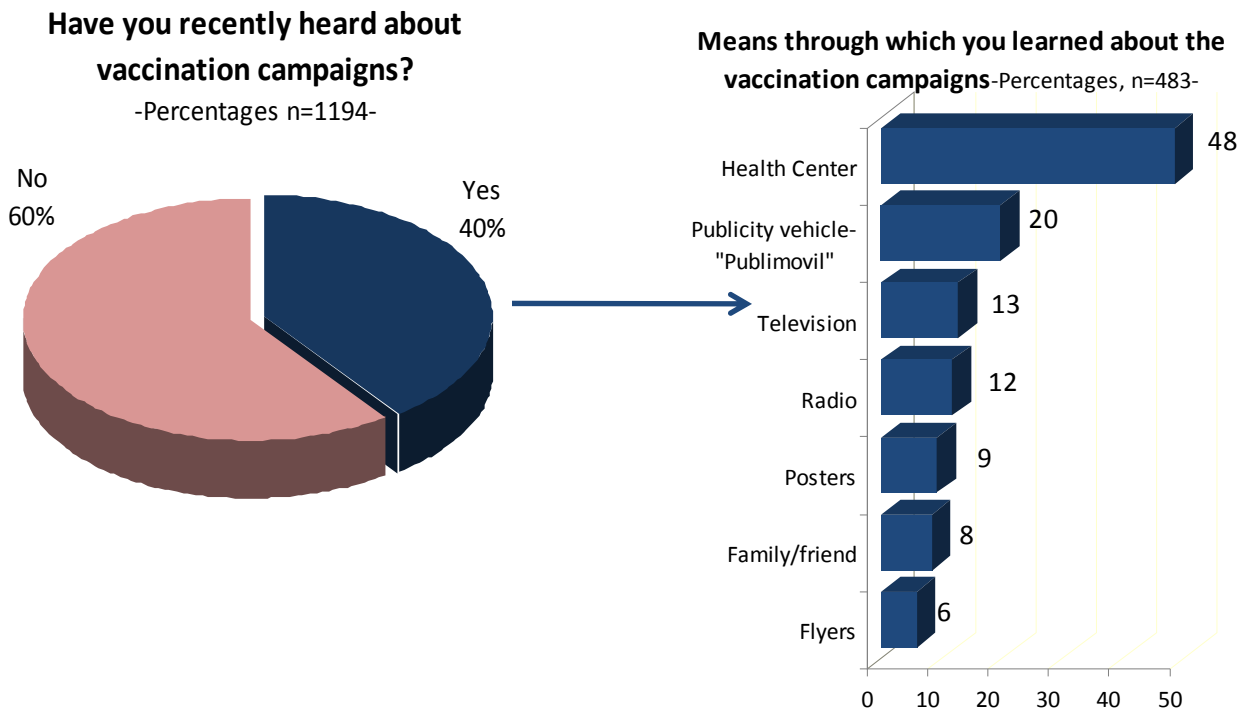
This year marked the first time that Facebook was employed to promote VWA to the general public. The site also helped publicize country activities and share photographs and videos from various events in Real Time. <http://www.facebook.com/#!/PAHO.IM>). In its debut year, 228,976 individuals viewed a News Feed story posted on the page and there were 747 “likes” or comments posted (period from 21 April to 29 April).



## 2. National social communication campaigns

In addition to the Region communication resources provided to countries, many national immunization programs implemented specialized communications campaigns. For example:

- In 2011 Honduras used the slogan "For our families, vaccinate today" (Por nuestras familias, vacunemos hoy) . The country formed a multidisciplinary and inter-institutional committee to design promotional efforts for VWA activities. Honduras designed and produced 10,000 posters, 500,000 fliers, 40 road banners, 1 banner for the launching campaigns, 1 radio spot and 1 TV spot to celebrate the week.
- In Guatemala an external consultancy group was hired to perform an in-depth quantitative evaluation of perception of the public regarding vaccination and the reach of the national VWA social communication campaign. The study was conducted in both rural and urban areas in departments with a wide range of vaccination coverage. A total of 1,194 interviews were conducted of mothers or caregivers of children less than 5 years of age eight days following the conclusion of VWA. In response to the questions: -*"Have you heard recently of a vaccination campaign"* and *"By what means did you hear about this vaccination campaign?"* the group reported the following findings, showing that health centers were the primary source of information regarding VWA:



## f. Integrated interventions

In 2011, 12 countries reported taking advantage of the platform of VWA to integrate other preventative health interventions such as vitamin A supplementation, deworming treatment and various screening procedures as part of the initiative (Table 6).

**Table 6.** A summary the integration of other health interventions as part of Vaccination Week in the Americas 2011

Country	Vitamin A				Deworming Total doses	Folic Acid Total doses	Iron Total doses	Oral Rehydration packets Total doses	Vitamins and Minerals Total doses	Other
	< 1 year	1-4 years	WCBA	Total doses						
Belize (subnational)	YES				YES					
Grenada										Multisectoral health fair for fisher folk with BMI screening, nutrition counseling, HIV screening, blood pressure and blood sugar screening, and PSA screening for men over age 45. Participation of high level authorities. During VWA fisher folk were given presentations by a nutrition officer on dietary guidelines, by an environmental health officer on occupational safety and the EPI Manager. There was also training for nursing personnel on mantoux test administration.
Guyana										In Region 3, there was a walk-a-thon, rally and mini exhibition. There was also a familiar jeopardy game with questions related to vaccination and breastfeeding. Condoms were also distributed during vaccination activities.
Haiti (subnational)				12,918	9,628					
Honduras	18,811	158,142	5,187							
Mexico				7,174,894	17,719,196	1,441,529	48,816	7,685,141	157,379	
Montserrat										During VWA the School Health Program focused on 215 students from nursery to secondary school. They administered physicals, growth and development checks, dental, hearing, laboratory checks, health education and mental health assessment.
Nicaragua				684,768	1,405,543					
Panama	932 doses of Vitamin A in prioritized areas									
St. Maarten										A dental bus for oral screenings and opportunities for parents to be screened for diabetes and high blood pressure during a vaccination open house.
St. Lucia										Vision screening and calculation of BMI for adolescents.
St. Vincent and the Grenadines										Second Annual Immunization Health Fair in the Northern Grenadines Health District. Activities which included blood pressure and blood sugar screening, foot care, promotion of male and female condoms, audiometric screening, HIV screening, cancer prevention (breast and cervical) and health education.

**g. Visit of the SEARO delegation and plans for the 10<sup>th</sup> anniversary of VWA and the first World Immunization Week (WIW)**

The success of VWA has served as a model for other Regions of the World Health Organization in the implementation of their own vaccination week initiatives. As of 2011, Europe (2005), the Eastern Mediterranean (2010), Africa (2011) and the Western Pacific (2011) have now each established their own sister initiatives which are carried out simultaneously with VWA but are adapted to the needs of the respective Member States. In September 2011, the countries in the Region of South-East Asia (SEARO) came on board with the adoption of resolution SEA/RC64/R3 which asked countries:

*“to support organizing an annual regional immunization week in April as one of the major advocacy activities in regional intensification of routine immunization in 2012 and as part of a growing global and multi-regional movement designed to raise awareness of the benefits of immunization by increasing access and demand while targeting under-served populations and cross-border collaboration”*

In anticipation of this decision by SEARO Member States, a delegation from the WHO Regional office traveled to the Americas during VWA 2011 to participate in the launching event in Manaus, Brazil and to visit PAHO headquarter in Washington to learn more about the organization of VWA at the Regional level.



From l-r, Mr. Marcelo D'Agostino, PAHO/WHO, Dr. Socorro Gross, Assistant Director, PAHO/WHO, Dr. Jon Andrus, Deputy Director, PAHO/WHO, Dr Monir Islam, SEARO and Mr. L. Homero Hernandez , SEARO

Looking ahead, in 2012 the countries and territories of the Americas will be celebrating two historic milestones, the 10th anniversary of Vaccination Week in the Americas and the first celebration of a World Immunization Week (WIW), which has been placed on the corporate calendar of WHO. WIW will not replace the unique Regional initiatives, but will instead serve as an overarching framework for all efforts. It is a cause to celebrate; next year what began in the Americas will now be celebrated in all corners of the globe.

## **Appendix 1. Country abbreviations used**

Antigua and Barbuda	<b>ATG</b>
Argentina	<b>ARG</b>
Aruba	<b>ABW</b>
Bahamas	<b>BHS</b>
Barbados	<b>BRB</b>
Belize	<b>BLZ</b>
Bermuda	<b>BMU</b>
Bolivia	<b>BOL</b>
Brazil	<b>BRA</b>
Cayman Islands	<b>CYM</b>
Chile	<b>CHL</b>
Colombia	<b>COL</b>
Costa Rica	<b>CRI</b>
Cuba	<b>CUB</b>
Dominica	<b>DMA</b>
Dominican Republic	<b>DOM</b>
Ecuador	<b>ECU</b>
El Salvador	<b>SLV</b>
French Guiana	<b>GUF</b>
Grenada	<b>GRD</b>
Guadeloupe	<b>GLP</b>
Guatemala	<b>GTM</b>
Guyana	<b>GUY</b>
Haiti	<b>HTI</b>
Honduras	<b>HND</b>
Jamaica	<b>JAM</b>
Martinique	<b>MTQ</b>
Mexico	<b>MEX</b>
Montserrat	<b>MSR</b>
Netherlands Antilles	<b>ANT</b>
Nicaragua	<b>NIC</b>
Panama	<b>PAN</b>
Paraguay	<b>PRY</b>
Peru	<b>PER</b>
Puerto Rico	<b>PRI</b>
Saint Kitts and Nevis	<b>KNA</b>
Saint Lucia	<b>LCA</b>
Saint Vincent and The Grenadines	<b>VCT</b>
Suriname	<b>SUR</b>
Trinidad and Tobago	<b>TTO</b>
Turks and Caicos Islands	<b>TCA</b>
Uruguay	<b>URY</b>
Venezuela	<b>VEN</b>
Virgin Islands (British)	<b>VGB</b>



**Appendix 2.** Photographs from selected launching events, VWA 2011.



Kasaní, border Bolivia-Peru,



Celebration between Colombia, Brazil and Peru



VWA-NIIW event between Mexico and the United States



Manaus, Brazil



VWA parade in Guatemala



Exchange of bi-lingual posters, border Suriname and French Guiana

