



*Rubella Watch* is an electronic publication disseminated bimonthly by the Immunization Unit of the Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization (WHO). *Rubella Watch* is a supplement to the *Immunization Newsletter* published by PAHO. The purpose is to provide you with the most up-to-date information and strategies which guide the rubella and congenital rubella syndrome (CRS) elimination initiative currently underway in the Americas.  
**The goal: eliminate rubella and CRS in the Region by 2010!**

## Brazil Free of Rubella – Special Edition

### Brazil to Launch the Largest Vaccination Campaign in the World

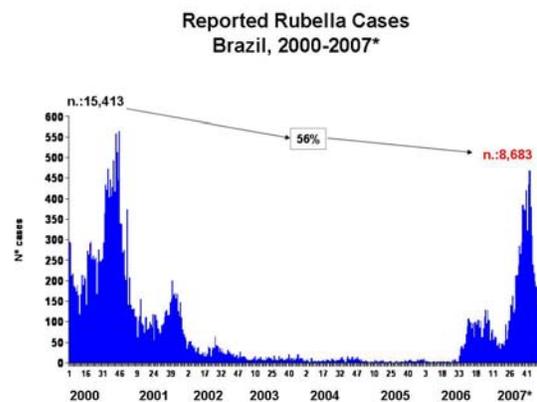
On 9 August 2008, Brazil will launch the largest national campaign, targeting men and women (adolescents and adults), ever implemented in the world. Seventy million individuals will be vaccinated at an estimated cost of US \$120 million. Brazil will administer the measles-rubella (MR) vaccine to men and women aged 20-39 years throughout the country and the measles-mumps-rubella (MMR) vaccine to adolescents aged 12-19 years in 5 states: Maranhão, Minas Gerais, MatoGrosso, Rio de Janeiro and Rio Grande do Norte. National and international experience has demonstrated that in order to



achieve elimination, when the immunity status of the population is unknown, it is necessary to use indiscriminate vaccination strategies to achieve high levels of homogenous coverage. Due to the heterogeneous nature of the population, which is scattered over 8.5 million km<sup>2</sup> and includes borders with 10 countries, the campaign's National Plan of Action has incorporated different tactics that are adapted to the realities of each municipality in order to access "hard-to-reach" populations, such as indigenous groups and border populations. Through the identification and vaccination of all susceptible populations, the campaign will complete the vaccination cycle of adolescents and adults to achieve rubella elimination and maintain measles elimination in the Americas.

### Reaching Rubella and CRS Elimination in Brazil: A Decision Based on Evidence

The implementation of routine vaccination strategies and campaigns targeting women of childbearing age in Brazil during 2001-2002 to prevent congenital rubella syndrome (CRS) cases reduced the incidence of rubella but did not interrupt virus circulation (Figure 1). In 2006, an outbreak began in Brazil and continued through 2007, with 8,683 confirmed cases, 161 among pregnant women, and 17 CRS cases. The outbreak spread to 20 of the 27 states, with large numbers of cases concentrated in the Central-West, South, Southeast, and Northeast. The virus circulating was genotype 2B. A total of 5,992 (69%) of confirmed cases were males, mainly affecting the group aged 20-29 years. In order to identify susceptible age groups and define an appropriate intervention strategy, Brazil conducted a cohort analysis of opportunities to receive vaccine by state, which included a review of immunization strategies implemented since 1992.



Source: COVERCOOTIDENERVISMIS  
 \*Preliminary data

The results of the study, and the analysis of rubella surveillance data, provided invaluable knowledge related to immunization strategies and informed the decision to vaccinate men and women aged 20-39 years (and adolescents aged 12-19 in 5 states) to achieve rubella elimination. The data were presented to policy makers to justify the decision to conduct a national vaccination campaign beginning in August 2008.

### From a National Plan of Action to Local Micro-planning

The campaign planning process and organization encompassed all management levels. The National Plan of Action, which defines the campaign strategies, goals, logistics, and resources, was discussed in all spheres of government: national, state, and municipal (National, State and Municipal Health Councils, Primary Health Care Secretariat, and local health councils). The campaign planning built upon the lessons learned from adolescent and adult vaccination campaigns in other countries of the Americas and incorporated these experiences into the technical operations manual. Campaign guidelines and tools were adapted to local realities in the 5,564 municipalities. In preparation for the micro-planning process, trainings were conducted in five regions covering all 27 states. The National Immunization Program (NIP) and Respiratory Diseases Surveillance Department of the Ministry of Health (COVER/SVS), together with PAHO/WHO consultants, supported state level teams in municipality and local trainings. PAHO/WHO provided technical and financial support to the Ministry of Health throughout the intense preparatory phases of campaign planning.



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### A Campaign for Everyone: Mobilization and Partner Commitment

The vaccination campaign requires a commitment by the Brazilian society as a whole. For this reason, the Ministry of Health established a national committee for social mobilization for rubella and CRS elimination on 27 June 2008 with Resolution 1.315. The committee is comprised of representatives from governmental and non-governmental institutions, civil society organizations, and representatives from private and public sectors. On 2 July 2008, the Minister of Health, Dr. José Gomez Temporão, accompanied by health authorities in surveillance and immunization and representatives from PAHO/WHO and UNICEF, presided over the official ceremony in the Ministry of Health in Brasilia to convene the committee. More than 200 *parceiros* (partners), including influential national organizations and public opinion leaders, voiced their support for the campaign. At state and local levels, similar events reached out to representatives from governmental and non-governmental organizations, scientific societies, churches, federations, and private companies to enlist their participation in and support for various campaign activities. One example of partner commitment was the development of campaign material by an advocate from Rio Grande do Sul. The material says “*Você só tem 2 opções: ser parceiro ou ser conivente. Você pode escolher, as crianças não*” or “*You have 2 options: be a partner or be an accomplice. You can choose, but the children cannot.*”



### Communication Strategy: “Vaccination is a family affair” and “Brazil free of rubella”

The principal communication challenge in this campaign was the development of a strong and direct message to rally 100% of the target population. For the first campaign stage, the communication message is clearly directed at the family: children under five should be vaccinated against polio while parents, family members and all adults – both younger and older-- should be vaccinated. The goal to transition from child to family vaccination is captured by the slogan “*Vacinação virou programa família*” or “*Vaccination has become a family program.*”

A telephone survey was conducted to define the communication message for the second campaign stage. Results from the survey indicated that 94% of the interviewees would receive another dose of vaccine to achieve rubella and CRS elimination, thus proving the high degree of public commitment. The slogan for the second phase (which begins 10 August) is “*Brasil livre da rubéola*” or “*Brazil free of rubella.*” The creative concept behind this message is based on the solidarity of the Brazilian people to achieve the elimination goal; only with all participating will the country stop rubella transmission. Communication messages incorporate images of male and female celebrities repeating “*Tô vacinado*” or “*I am vaccinated*” to capture the idea that the number of people vaccinated keeps increasing throughout the campaign until the entire target population is vaccinated. Multiple, dynamic communication strategies are being used to reach the public, including an interactive Web page, [www.brasillivredarubeola.com](http://www.brasillivredarubeola.com), where people can easily find the nearest vaccination post using internet-based maps.



### Launching Event and “Key” Campaign Moments



The vaccination campaign begins on Saturday, 9 August, together with the second national immunization day against polio. Launching activities will target nearly 16 million children under the age of 5 with the oral polio vaccine and the 70 million men and women who form the rubella campaign target group. The Minister of Health, Dr. José Gomes Temporão, will chair the national ceremony which will take place in Rio de Janeiro state. State health authorities and representatives from PAHO/WHO will also participate in the event. The activity will occur in a family health clinic in the city of Niteroi, underscoring the role of local teams in the struggle for prevention and elimination of diseases such as polio, measles and rubella. All states and municipalities have scheduled events with the participation of local health authorities to launch this mega-campaign. On Saturday, 30 August, a "Central Day" will be held to facilitate access to vaccination for those individuals of the target population that work during the week. The campaign will last 5 weeks, followed by an active search for unvaccinated individuals and rapid coverage monitoring to verify that the vaccination goal was reached.

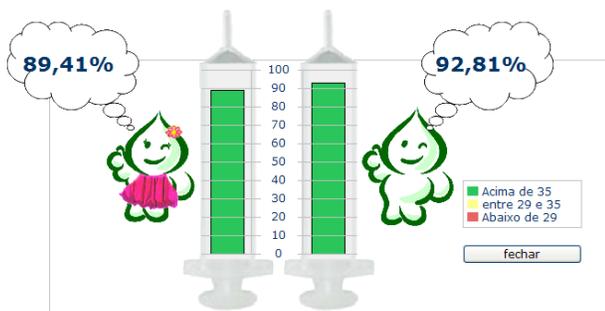
### Vaccination Safety during the Campaign

The development of vaccination safety guidelines was based on the collective knowledge and experience gained during the implementation of rubella elimination campaigns in the Americas. The campaign benefited from the network of human resources that Brazil was able to build since the beginning of the program, including teams at State level dedicated to the timely response to events supposedly attributable to vaccination and immunization. These teams are supported by the Technical Advisory Committee on Immunization (CTAIS) and the Advisory Committee on Post Vaccination Adverse Events (PVAE). Given that the rubella virus is currently circulating in Brazil, surveillance teams for exanthematic diseases and immunization collaborated on the development of a protocol to identify and distinguish PVAE from rubella cases, particularly in pregnant women, since these events can be temporarily associated with vaccination, without any causal relationship. The experience gained from monitoring pregnant women inadvertently vaccinated against rubella also provided an opportunity to update the protocol, develop an integrated investigation form, setup a database available at all levels, and provide adequate attention to women inadvertently vaccinated during pregnancy. In



order to facilitate access to up-to-date information, a technical report and related scientific articles were prepared and disseminated among health professionals and scientific societies.

Also, to avoid shortages in blood banks during the campaign, due to the recommendation that a vaccinated individual not give blood for 30 days after vaccination, all States have facilitated interprogramatic collaborations. In São Paulo, for example, vaccination services will be offered in over 150 blood banks, following blood donation. This activity began in June, prior to the start of the campaign and was an opportunity encourage blood donation.



### Timely Information and Monitoring Campaign Progress

The campaign information system was designed by the DATASUS team, in collaboration with the NIP and with support from PAHO/WHO. The “on-line” system allows data entry on campaign coverage monitoring in real time. All the states and information teams were trained on how to use the system by applying a practical methodology. The reports generated by the system categorize weekly campaign advances and coverage according to predefined parameters. The system provides

figures and maps by municipality, graphs by age and sex, and “vaccine-o-meters” where mascots Maria and Jose Gotinha indicate current advances in coverage levels. The campaign website, accessible through the Ministry of Health Web page, will provide a link to the information system. A final coverage verification process will be conducted through door-to-door visits at the end of the campaign. A sticker saying “**Tô vacinado**” or “**I am vaccinated**” will be placed on the identification card at the time of vaccination, or on any other personal document or accessory carried by the individual on a permanent basis. The sticker will be invaluable during the final coverage verification process.

### PAHO Support: Sharing Experiences and Lessons Learned

The implementation of the rubella elimination strategy facilitated the development of a new style of technical cooperation, which has been promoted and supported by PAHO/WHO. This new style is based on the concept of knowledge-sharing and the exchange of “know-how” between countries. Human capital is the fundamental input of this type of support. The cooperation mechanism focuses on an exchange of knowledge adapted to country realities. During rubella vaccination campaigns in the Americas, colleagues have relocated to neighboring countries to share their experiences. Through the transfer and exchange of information, the knowledge base and “know-how” on which vaccination strategies and other public health interventions are based have significantly increased. The vaccination campaign in Brazil provides an important opportunity to share and strengthen experiences gained since the beginning of rubella elimination efforts in the Region of the Americas. Colleagues with a long history in the field of immunization and adult campaign implementation, from Honduras, Mexico, Paraguay and Peru, will support campaign efforts in the Brazilian States selected according to their magnitude and high levels of complexity. They will be working directly with state and local level teams to execute day-to-day campaign activities, monitor campaign progress, support the implementation of effective vaccination tactics, and conduct active searches for unvaccinated people during different campaign phases. Finally, they will participate in the final campaign coverage verification process.

### New Paradigm of Technical Cooperation for Rubella Elimination



## Sharing Experiences with Other Regions of the World

The Region of the Americas is a pioneer in the field of immunization and has demonstrated continued leadership in the fight for the elimination of vaccine-preventable diseases. Countries from other Regions of the world have also embarked on measles and rubella control and/or elimination, but are unsure of what path to take to reach this goal. In this context, the Brazil vaccination campaign offers an important opportunity for immunization professionals from Africa, Asia, and Europe to “withness” the campaign and experience first hand how the campaign is implemented at all management levels: national, state, and local. During the first week of September, international observers will visit select states and municipalities to learn directly from field teams on how to conduct rapid coverage monitoring activities. On the last day, the visitors will meet to share their impressions and make recommendations, and to identify opportunities for applying these experiences in campaigns in their respective countries.

### Strengthening Collaboration between Countries of the Region and PAHO with Other Regions: Experiences Learned from Rubella Elimination



- PAHO is sharing experiences and lessons learned in effective strategies and challenges from rubella and measles elimination with other Regions
- Collaboration with other Regions on elimination activities will continue during the Brazil vaccination campaign (September 2008)



### Note

The “mega” vaccination campaign in Brazil has been made possible thanks to the invaluable efforts of the campaign teams from the 27 States as well as through the political commitment demonstrated by health authorities from the Secretariats of Health and governments at the federal, state, and local levels. In addition, it is also necessary to emphasize the important work of the DATASUS team, the Social Communication Association (ASCOM), and the Communication Nucleus (NUCOM) in their search for innovative information and social mobilization strategies.

## Upcoming Events

### Project of Technical Cooperation among Countries: Measles and Rubella Elimination in Border Populations of Brazil and Argentina

August to October – Argentina, Bolivia, Brazil, Chile, Colombia, French Guiana, Guyana, Paraguay, Peru, Suriname, Uruguay, and Venezuela.

### Panel of Experts to Finalize the Regional Protocol for the Documentation of Measles, Rubella, and CRS Elimination

28-29 August 2008 – Washington, DC

### Sharing of Experiences in the Development and Lessons Learned from the Brazil Campaign

1-4 September 2008 – Brazil

If you would like to share meeting dates, other news, or make suggestions as to topics you would like us to discuss in this newsletter, please contact [FCH-IM@paho.org](mailto:FCH-IM@paho.org)

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