



Brazilian State of Ceará Implements 2016 Immunization Strategy in Compliance with Polio Eradication Plan

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Fortaleza, 8 March 2016

Poliomyelitis is a disease in the process of eradication, and efforts have been made globally to achieve the goal of a polio-free world. In order to totally eradicate this disease, it is necessary to eliminate the vaccine-derived poliovirus through the phased removal of the attenuated oral polio vaccine (OPV), beginning with the already-eradicated type 2 component, and by adopting robust strategic immunization actions.



1ª - Fortaleza



2ª - Sobral



3ª - Cariri



4ª - Sertão Central



5ª - Litoral Leste/Jaguaribe



NUIMU training workshops in the State of Ceará Health Macro-regions (29 February - 04 March 2016). Photo credit: PAHO/WHO.

In order to meet the State of Ceará's commitment to completing all the phases of Polio Eradication certification, the Immunization Unit (NUIMU) of the State Health Department (SESA) organized workshop training courses in the State's 184 municipalities, from 29 February to 4 March 2016. These workshops, aimed at disseminating the Polio Eradication Plan, focused on targets and deadlines, and the procedures to be followed over the next few months.

The topics addressed were: the impact of polio elimination, the substitution of trivalent OPV (tOPV) for bivalent OPV (bOPV), vaccine indications and contraindications, procedures for the conservation and disposal of vaccines and materials, data entry and consolidation, monitoring *Adverse Events Following Immunization* (AEFI) or Events Supposedly Attributable to Vaccination or Immunization (ESAVI), and the monitoring and evaluation of vaccination coverage.

The training sessions for all professionals working in the immunization area, including 180 immunization coordinators, were held in the five health macro-regions over a five-day period.

This strategy was considered effective, since most of the State's municipalities were represented in the workshops, and all the participants had an opportunity to clarify issues with respect to achieving the Polio Eradication Plan target.



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PAHO/WHO Supports Anti-HPV Vaccination Campaign in Brazil

Carla Domingues, Expanded Program on Immunization-Brazil; Ana Goretti Maranhão, Expanded Program on Immunization-Brazil; Samia Samad, PAHO-Brazil

With the March launch of the Brazilian Ministry of Health's publicity campaign aimed at raising awareness among parents and guardians regarding the importance of vaccinating against the human papillomavirus virus (HPV), the Pan American Health Organization/World Health Organization (PAHO/WHO) Representative Office in Brazil is highlighting the importance, safety, and effectiveness of this vaccine in preventing cervical cancer.

The Ministry of Health's decision to immunize girls and women aged 9 to 26 years living with HIV/AIDS, as well as 9-13-year-old adolescents, is in line with PAHO/WHO recommendations. The organization has made efforts to convince all the Member States to implement these preventive measures.



Campaign poster for HPV Vaccination in Brazil.

For PAHO/WHO, vaccination against HPV is the most cost-effective public health measure against cervical cancer—the fourth more frequent type of cancer in women, and the cause of 7.5% of all female cancer deaths (with an estimated 530,000 new cases in 2012).

Publicity Campaign

With the slogan “Protect the future of those you love,” the campaign was launched from 3 to 15 April, with the actress Carolina Kasting and her 13-year-old daughter in the leading roles. The goal was to vaccinate around 1.7 million nine-year-old girls in all Brazil's 5,570 municipalities and also to include 10-13-year-olds who have not yet been vaccinated and those who have not yet received the two doses required for effective immunization.

For girls and women living with HIV/AIDS, the vaccination regime involves three doses. The second dose should be given two months after the first and the third dose at six months after the first (i.e. at 0, 2, and 6 months).



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PAHO Hosts Tweet Chats for Vaccination Week in the Americas

Lauren Vulcanovic, PAHO-Washington, DC

In celebration of Vaccination Week in the Americas (VWA), PAHO hosted tweet chats using the hashtags #GetVax and #Vacunate to engage with partners and the general public on the importance of vaccination.

Centering on the messages that vaccines are safe, effective, necessary and cost-effective, the PAHO team took to Twitter to answer questions from the public and dialogue with partners such as the U.S. Centers for Disease Control and Prevention (CDC), the Public Health Agency of Canada, Immunize Canada, the American Academy of Pediatrics, the UN Foundation's Shot at Life, the Sabin Vaccine Institute, and Vaccine Ambassadors. Ministries of health and clinics throughout the Region also participated. Separate tweet chats were held in English and Spanish.



The PAHO team ready to answer questions about vaccination during the #GetVax tweet chat. Photo credit: Lily Jara, PAHO-Washington, DC.

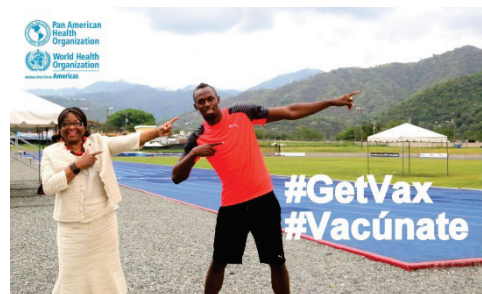
During VWA, PAHO country offices in Argentina, Honduras and Peru also hosted national tweet chats with the hashtag #Vacunate. Tweet chats and other similar activities using social media provide PAHO a unique opportunity to communicate with a wide range of individuals and institutions on key public health issues.

Vaccination Week in the Americas Launches in Jamaica

Elizabeth Thrush, PAHO-Washington, DC

The regional launch for Vaccination Week in the Americas (VWA) was celebrated in Kingston, Jamaica on April 23rd with participation from the national health authorities, partner agencies and regional PAHO staff, including PAHO's Director, Dr. Carissa F. Etienne.

One of the highlights of the ceremony was students from the Rousseau Primary School 14 performing a very creative and original song and dance about vaccination using the "Go for the Gold!" theme. The video can be viewed [here](#).



PAHO's Director Carissa Etienne poses with Jamaican Olympian, "Fastest Man in the World," Usain Bolt to promote this year's VWA after the launch in Jamaica. Photo credit: PAHO/WHO.



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VWA was celebrated from April 23 – April 30, 2016 under an Olympic theme, with the slogan “Go for the Gold! Get Vaccinated!” More than 35 countries and territories in the Region of the Americas came together to raise awareness on the importance of vaccination and implement vaccination activities. An estimated 60 million individuals were reached this year, including underserved populations in hard-to-reach areas.



Children celebrate the launch of VWA on April 23rd, 2016 in Kingston, Jamaica. Photo credit: PAHO/WHO.

Vaccination Week in the Americas is Celebrated Across the Region of the Americas

Elizabeth Thrush, PAHO-Washington, DC

On May 1st in the Amazon Region, PAHO’s Director, together with national and local health authorities from Colombia, Brazil and Peru, celebrated Vaccination Week in the Americas (VWA) in Leticia, Colombia, bordering Tabatinga, Brazil and Santa Rosa de Yavari, Peru. At the event, Dr. Etienne’s speech highlighted the importance of cross border collaboration and partnership, stating, “Diseases do not respect borders, so partnerships like this are critical to eliminate disease and maintain those that have already been eliminated, but continue to circulate in other parts of the world.” The celebration featured music, traditional dance, and food tastings from Brazil, Peru and Colombia, speeches from each of the representatives, and symbolic vaccinations with the influenza vaccine.



*Tri-national launch for VWA between Colombia, Brazil and Peru.
Photo credit: Sebastian Oliei, PAHO-Washington, DC.*

VWA Celebrations in Peru

Peru celebrated VWA by vaccinating against hepatitis B, prioritizing their population older than 5 years of age by risk factors, including individuals in indigenous communities and areas with high endemic populations. They held a national launch in Lima, Peru and developed a slide show video of the event, which can be viewed [here](#). Additionally, joining in with the Olympic



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theme, the Peruvian Judo team shared a message about joining them in going for the gold and getting vaccinated. The video can be viewed [here](#).



Tri-national launch for VWA between Colombia, Brazil and Peru. Photo credit: Sebastian Oliel, PAHO-Washington, DC.

Other VWA activities across the Region of the Americas

There were many other VWA launch events, vaccination campaigns and integrated activities that took place across the Region in celebration of VWA 2016. Countries are working on developing their national reports now, which will then be used to develop the Regional VWA 2016 Report. The Report will be available later on this year. The 2015 report can be accessed [here](#).



Tri-national launch for VWA between Colombia, Brazil and Peru. Photo credit: Sebastian Oliel, PAHO-Washington, DC.



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Milestone Achieved in Global Polio Eradication

Cristina Pedreira; Elizabeth Thrush, PAHO-Washington, DC

Between April 17 and May 1, 155 countries switched from the trivalent oral polio vaccine (tOPV) to the bivalent vaccine (bOPV) in a globally coordinated effort. Of these 155, 36 countries participating in this historic event were from the Americas.



One of the first doses of bOPV applied in Ecuador.

Photo credit: PAHO-Ecuador



Dr. Karen Lewis Bell, Caribbean PAHO Advisor, visits health clinics in Jamaica to validate the switch. Photo credit: PAHO/WHO.

These countries have been working, along with the rest of the world, for the past year and a half, preparing national switch plans, closely monitoring levels of tOPV stock to reduce the amount of tOPV that would need to be destroyed, implementing vaccination campaigns to increase coverage before the switch, training health care workers at every level and coordinating bOPV delivery and safe tOPV withdrawal and destruction. In the two-week post-switch period, every country monitored the switch, visiting at least 10% of all health facilities to ensure that no tOPV vial was left in the cold chain.

Over the next two months, all 36 countries in the Region will continue supervising the switch, making sure that 100% of all the health facilities in the Region are using bOPV and that all tOPV has been removed and destroyed.

The successful completion of the switch is a great milestone for global polio eradication and an important event that will go down in global public health history. This achievement is the result of a strong commitment from public health authorities, health workers both in the Region and globally and partner agencies like the World Health Organization (WHO), United Nations Children's Fund (UNICEF), Rotary, the Task Force for Global Health,



On April 30th, after the last day of vaccinating children with tOPV was completed, a validation team prepares to walk in to a clinic in Bogotá, Colombia to collect remaining tOPV vials, deliver bOPV, and sign forms validating that the process was success



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United States Centers for Disease Control and Prevention (CDC), the Bill and Melinda Gates Foundation, among others.

Ecuador deserves special recognition for achieving a successful and timely switch as planned, despite the destruction caused by a massive 7.8 magnitude earthquake that happened on April 16th, just days before the scheduled switch.

Congratulations to everyone who has contributed to reaching this target!



A young child is among the first to receive bOPV in Jamaica. Photo credit: PAHO/WHO.

Meeting of the Regional Polio Laboratory Network for the Americas in Colombia

Gloria Rey Benito, PAHO-Washington, DC

Location	Cartagena, Colombia
Dates	11-12 April 2016
Participants	Representatives of nine of the eleven polio laboratories of the Americas Region attended the meeting, including the Malbran Institute (Argentina), Fiocruz (Brazil); Evandro Chagas Institute (Brazil); the National Health Institute (Colombia); the Public Health Institute (Chile); the Institute for Epidemiologic Diagnosis and Reference (Mexico); the Centers for Disease Control and Prevention (United States-CDC); National Institute of Hygiene "Rafael Rangel" (Venezuela); and the Caribbean Public Health Agency (CARPHA). Additionally, representatives from the CDC's Polio and Picornavirus Laboratory Branch, the World Health Organization's (WHO) Global Polio Laboratory Network (GPLN) Coordination, and the Immunization Unit from the Family, Gender and Healthy Life Course Department (FGL/IM) of the Pan American Health Organization (PAHO) were also in attendance. Laboratories from Canada and Cuba could not attend.
Purpose	To present the global status of the Polio Lab Network (GPLN), to review the status and performance of the Regional Polio Lab Network for the Americas (RPLN) and to review technical aspects related with poliovirus containment and adaptation of procedures within the GPLN.

The global laboratory coordinator (GLC) presented an update on the global situation of wild poliovirus (WPV) and vaccine-derived poliovirus (VDPV) transmission and status of the GPLN. The regional laboratory coordinator (RLC) presented a regional update on the PAHO GPLN laboratories, including the performance of PAHO polio labs on the proficiency tests of virus isolation, intratypic differentiation (ITD), sequencing and workload. Progressive participation in external quality assessment for viral isolation, ITD and VDPD increased from 6 to 10 laboratories by 2011 and 2015, respectively. 100% of the laboratories of the RPLN received at least one accreditation visit between 2012 and 2015. Areas for improvement were identified and shared by the RLC.



Participants of the Meeting of Polio Laboratory Network of the Region of the Americas held in Cartagena, Colombia, 11-12 April 2016. Photo credit: Alexandria San Jose, PAHO-Washington, DC.

Each of the representatives from the laboratories in the RPLN presented a report on the actions taken for poliovirus containment. All countries showed commitment to the plan and significant progress in containment activities. Laboratories from the Region of Americas started the process to adapt the technical procedures to recommendations from the GPLN.

Representatives from the CDC presented an update from their working group on improving polio laboratory diagnostics, especially related with ITD and sequencing proficiency test panels, handling nucleic acids, type 2 serology and current molecular assays on developing and using FTA cards.

The GLC presented the GPLN's management systems, as well as updates on algorithms to use in GPLN according to GAPIII requirements and on implementing the Expansion Plan of Environmental Surveillance of polioviruses.

Finally, a round table about plans for specimen/isolates referral post-switch and the legacy and orientation of the post-eradication RPLN were presented. At the end of the meeting the GLC and RLC presented the main conclusions, recommendations and next steps of the lab network.

GAP-III Biorisk Management Training for Polio Lab Network

Gloria Rey Benito; Andrea Villalobos, PAHO-Washington, DC

Location	Cartagena, Colombia
Dates	13-15 April 2016
Participants	The workshop was attended by 15 participants: nine of the eleven representatives from the Regional Polio Laboratory Network, including the Malbran Institute (Argentina), Fiocruz (Brazil), Evandro Chagas Institute (Brazil), the National Health Institute (Colombia), the Public Health Institute (Chile), the Institute for Epidemiologic Diagnosis and Reference (Mexico), the Centers for Disease Control and Prevention (United States-CDC), National Institute of Hygiene "Rafael Rangel" (Venezuela), and the Caribbean Public Health Agency (CARPHA); representatives from the World Health Organization (WHO) and representatives from the Pan American Health Organization (PAHO).
Purpose	• Present the basis for a Biorisk Management Standard in the context of the WHO Global Action Plan to Minimize Poliovirus Facility-Associated Risk after Type-Specific Eradication of Wild Polioviruses and Sequential Cessation of OPV Use (GAP III) to polio laboratories from the Region of the Americas • Present and discuss implementation of the Containment Certification Scheme (CCS) for poliovirus essential facilities.

The workshop addressed the actions recommended in GAP-III to minimize poliovirus facility-associated risk after the type-specific eradication of wild polioviruses and the sequential cessation of oral polio vaccine use.

This course aims to provide the participants with an understanding of:

- The background to GAP III, including the current status of the eradication program and associated overview information;



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- How GAP III needs to be implemented, its potential impact and timeliness;
- General GAP III requirements;
- Biosafety and biosecurity management system principles and concepts for GAP III;
- How the associated assessment and certification mechanism may function.

During the workshop, all of the core components of the Biorisk Management Standard for essential poliovirus facilities were extensively discussed and supported with practical exercise to facilitate their comprehension:

- Biorisk Management System
- Risk Assessment
- Poliovirus Inventory and Information
- General Safety
- Personnel and Competency
- Good Microbiological Technique
- Clothing and Personal Protective Equipment
- Human Factors
- Health Care
- Emergency Response and Contingency Planning
- Accident/Incident Investigation
- Facility Physical Requirements
- Equipment and Maintenance
- Decontamination, Disinfection and Sterilization
- Transport Procedures
- Security



Participants at the GAP-III Biorisk Management Training for the Polio Lab Network in Cartagena, Colombia, from 13-15 April 2016. Photo credit: Alexandria San Jose, PAHO-Washington, DC.

At the end of the meeting the WHO representative shared the draft of the Containment Certification Scheme with participants, this document is open to comments before final approval by May 2016.



Meeting of the Regional Certification Commission for the Polio Endgame in the Region of the Americas

Gloria Rey Benito; Cristina Pedreira; Elizabeth Thrush; Andrea Villalobos, PAHO-Washington, DC

Location	Santo Domingo, Dominican Republic
Dates	29-31 March 2016
Participants	The Meeting of the Regional Certification Commission for the Polio Endgame in the Region of the Americas (RCC) was held in Dominican Republic, with attendance by National Polio Containment Coordinators (NPCC) from Argentina (virtual), Brazil, Canada, Chile, Guatemala, Mexico and the United States; the Deputy Chair of the Caribbean Sub-regional Certification Committee; PAHO Secretariat; and the WHO Polio Containment Coordinator.
Purpose	To review country reports on the containment of wild poliovirus (WPV) and present questions and recommendations from RCC members to National Poliovirus Containment Coordinators (NPCC) from countries that reported WPV/VPV materials.

PAHO countries had prepared reports on advances in poliovirus containment following standardized methodology.

At this meeting, the RCC and PAHO Secretariat had received reports from 16 countries and the Caribbean sub-region (including 13 countries, 6 UK territories and 3 associate members). The reports were submitted between 1 January and 28 March 2016 and they were reviewed by RCC members and the PAHO Secretariat. Six country reports were pending: Bolivia, Costa Rica, Ecuador, El Salvador, Uruguay, and Venezuela.



RCC members, NPCC, WHO and PAHO staff participants in the Meeting of the RCC, 29-31 March 2016.

Photo credit: Elizabeth Thrush, PAHO-Washington, DC.

The RCC received presentations from 8 countries that had reported infectious or potentially infectious WPV materials from Phase I of GAP II by March 2010. At that time, 224 facilities had infectious or potentially infectious WPV materials in those 8 countries as of March 2010.

During the meeting, the content of the country reports and presentations were analyzed and discussed. This was done using a structured format with comments from a primary and secondary RCC member reviewer, comments from other RCC members, and PAHO. Opportunities for comments from other attendees were also provided.

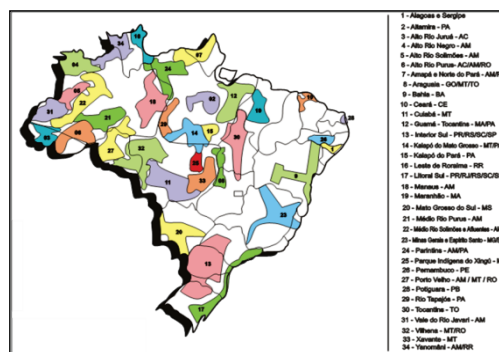
All countries providing reports demonstrated commitment to containment and have progressed significantly with Phase I of containment activities. Some countries provided very good examples of best practices, such as: strong political leadership, multi-sectorial engagement, technical commitment and leadership and collaboration with and active involvement of NCC in the review, analysis and submission of reports.



Course on ESAVI Monitoring and Vaccine Safety Given in Brazil

Samia Samad; Maria Angélica Gomes, PAHO-Brazil; Sandra Deotti; Regina Célia Mendes, Expanded Program on Immunization-Brazil; Barbara Marinho; Maria de Lourdes Ribeiro, Secretariat for Indigenous Health (SESAI)

This year, the coordination team for Brazil's "Mais Médicos" program requested support from the immunization team in PAHO-Brazil to prepare, along with the Secretariat for Indigenous Health (SESAI) and Brazil's National Immunization Program, a course on monitoring events supposedly attributable to vaccination or immunization (ESAVI) to update the doctors that work in indigenous areas.

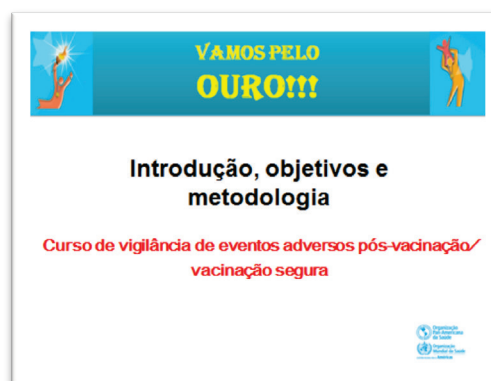


Location of the Special Indigenous Health Districts, Brazil.

The objectives of the course were to broaden participation from the doctors in the "Mais Médicos" program, who are working in Brazil's indigenous areas for Vaccination Month for Indigenous Populations (MVPI), update them on monitoring ESAVIs; train doctors on diagnosing and recording suspected cases of adverse ESAVIs, provide conditions for immediate reporting and keep the weekly information on positive or negative reporting during the MVPI updated.

The MVPI aims to update the vaccination schedule and vaccinate approximately 600,000 indigenous people against influenza from 1,373 villages. Approximately 3,500 health professionals from 34 Special Indigenous Health Districts are involved in these vaccination efforts.

Guaranteeing the promotion of equity and integrated activities, as well as ensuring that individuals have access to the powers of protection through vaccination and vaccine safety, training took place on April 20, as part of an integrated work activity and with participation from 350 health professionals (300 Cuban doctors and 50 Brazilian doctors, nurses and technical staff).



Example of Powerpoint slide used during ESAVI training course.

An objective of the course was to develop and strengthen technical competency to ensure vaccine safety and to implement quick responses to any matter of concern within the target population



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The course was divided into seven modules: introduction, objectives and methodology, the national ESAVI surveillance system, research, defining and classifying ESAVIs, rumor impact, cold chain structure and its impact on the process of vaccine safety, norms and procedures of vaccine administration and good practices of safe injections and guidance on the ESAVI reporting sheet and negative reporting.

The methodology utilized for the course was presented online, using Powerpoint presentations and tests at the beginning and end of the course. Feedback from participants was positive and more courses will be requested, so those that are still in areas with limited access can have the opportunity for constant action.



Indigenous Health District in Ceará. Photo credit: PAHO-Brazil.