Introduction of Haemophilus influenzae type b Vaccine in the Americas

Countries of the Region of the Americas have a strong commitment to their national immunization programs as a result of the impact these have had in the control and eradication of important childhood diseases. This success has allowed the incorporation of other vaccines into the basic immunization schedule, such as the vaccine against Haemophilus influenzae type b (Hib). In countries already using Hib vaccine, there has been a significant reduction in cases of meningitis and respiratory infections.

The first conjugated Haemophilus influenza type b (Hib) vaccines were licensed in the United States, Canada and Europe in 1991. By 1994, Uruguay included Hib vaccine in its routine immunization program. The decision was made based on information available from the meningitis surveillance system implemented years before in the country, together with the need to respond to the increasing awareness of diseases caused by Hib among concerned parents and the medical profession. Under almost similar circumstances, in 1996, Chile introduced Hib vaccine.

By the end of 1996, PAHO’s Division of Vaccines and Immunization (HVP) began to participate more actively in promoting the surveillance of Hib disease, as well as in evaluating the possible introduction of the vaccine into national routine immunization programs. HVP disseminated information about the vaccine and the disease throughout the Region, articles on Hib vaccine and disease were published in the EPI Newsletter and the subject was presented at regional and sub-regional program meetings. Parallel to this promotional activity, Hib surveillance was strengthened through the epidemiological surveillance network organized to monitor invasive pneumococcal disease in children under the age of 5.

In 1997, two major decisions were made by PAHO. One by PAHO’s Directing Council, which urged Member States to strengthen surveillance in preparation for the introduction of other vaccines. The second was made by the Technical Advisory Group (TAG) in September 1997 at the XII TAG meeting in Guatemala. At that time, the TAG recommended:

- the use of Hib vaccine in routine immunization programs;
- the establishment of well structured surveillance systems to monitor and measure the impact of illnesses due to Hib;
- the use of the PAHO Revolving Fund for joint purchase of vaccines;
- careful evaluation of other vaccination strategies (reduced dose or reduced number of doses).

By 1998, 48% of newborns in the whole Region and 29% of newborns in Latin America and the Caribbean were receiving Hib vaccine as part of their immunization schedule. By December 1999, 81% of all newborns in the Americas (75% in Latin America and the Caribbean) will receive Haemophilus influenzae type b vaccine as part of routine immunization.

Why has the introduction of Hib vaccine been so successful in the Americas?

- Strong regional EPI program (Ministries of Health and PAHO/WHO)
- Heightened awareness of immunization
- Very effective and safe vaccines
- Increased awareness of meningitis by health professionals and parents
- PAHO’s Directing Council Resolution for Hib introduction
- Effective promotion of Hib vaccine (HVP’s TAG and subregional meetings, HVP staff in the field, EPI Newsletter, scientific meetings and literature)
- Examples of the impact of Hib vaccination in the Region (Uruguay and Chile)
- Revolving Fund for purchase of vaccine: decrease in the price of vaccines

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