In 1980, the World Health Assembly endorsed the certification of smallpox eradication. The last smallpox case in the Americas occurred in 1971 and the last naturally occurring case of indigenous smallpox in the world occurred in Somalia in 1977. Following this achievement, and the establishment of the Expanded Program on Immunization (EPI) in 1977, much has been accomplished in the battle against vaccine-preventable diseases (VPDs) in the Americas. Polio was eliminated from the Western Hemisphere in 1991. Neonatal tetanus is no longer a public health problem in all PAHO Member States but one. Measles deaths have been reduced from an estimated 52,000 in 1990 to 0 after endemic measles transmission was interrupted in the Region in November 2002. No indigenous rubella cases have been reported since January 2009. Other VPDs such as diphtheria, meningitis, and other invasive bacterial diseases due to *Haemophilus influenzae* type b (Hib) and tetanus have been largely controlled. From the basic six antigens of the EPI, the program has expanded to include at least five more in most countries (rubella, mumps, Hib, hepatitis B, and seasonal influenza). Finally, new vaccines against varied pathogens, such as rotavirus, pneumococcus, and human papillomavirus, are widening the spectrum of diseases that can be prevented, controlled, or eliminated by vaccination.

Thirty years ago, PAHO published the first issue of the *EPI Newsletter*, now the *Immunization Newsletter*. The publication was presented as a forum for countries of the Americas to exchange skills, knowledge, and information relevant to the EPI. The *Immunization Newsletter* has been published bimonthly in English and Spanish since 1979 (and since 2001 also in French). With a readership of 7,500 worldwide, the *Immunization Newsletter* has become a tool used by immunization programs to share lessons learned and disseminate technical expertise. To celebrate the *Immunization Newsletter’s* 30th anniversary, PAHO is publishing the following:

- One compendium on measles;
- One compendium on rubella; and

This annual brochure, *Immunization in the Americas*, has become a benchmark publication that catalyzes the sharing of important data for monitoring immunization and VPD surveillance indicators. The fifth issue presents critical information to guide vaccination strategies and target underserved populations. In this year of commemoration, we trust that you will find the data presented in *Immunization in the Americas* useful to continue celebrating the achievements and documenting the challenges that immunization programs in the Americas continue to face.

Mirta Roses Periago
Director
Pan American Health Organization

For this publication:
- Latin America is composed of Mexico, Central American Isthmus, Latin Caribbean, Andean Area, Brazil, and Southern Cone.
- Latin America & Caribbean is composed of Latin America and Non-Latin Caribbean.
- Because of their population size, Brazil and Mexico are shown separately.
demographic and socioeconomic data

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<th>Country</th>
<th>Total population (thousands)</th>
<th>Crude birth rate (1,000 yrs)</th>
<th>Annual births average (thousands)</th>
<th>Infant mortality rate or number of deaths (1,000 live)</th>
<th>Women using contraception (%) (N acceptable users)</th>
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<th>Poverty headcount below 1 povy line (%) (2007)</th>
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(q) value 2006; (b) value 2005; (c) value 2001; (d) value 1998; (e) value 2004; (f) value 1995; (g) value 1999; (h) institutional expenditure; (k) value 2006; (l) includes "Other Social" (MOS), OMPRE and INDASA (LH), BSS and "Seguro Popular" (NEA); (m) expenditure by activities or budgetary program; (p) personal care and health; (c) medical care and services; (g) health; (h) health care and health conservation.
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(a) reported coverage > 100%; (b) <2 years of age; (c) SFR only; (d) St. Lucia only; (e) no data but in schedule; (f) only at subnational level; (g) target age groups vary by country; (h) coverage report for measles vaccinated < 1 year of age; (i) SFR only; (j) SFR only; (k) reports provinces and territories; (l) reports number of states.
## Immunization Coverage

### Morbidity Data

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Notes:

- Confirmed cases: Numbers of reported cases.
- Neotatal tetanus: Numbers of neotatal cases.
- Pertussis, Diphtheria: Numbers of cases of pertussis and diphtheria.
- Hib: Numbers of cases of Hib.
- Meningitis: Numbers of cases of meningitis.
- Mumps: Numbers of cases of mumps.

*(a) cases noted to be unreported, (b) Morbidity and Mortality Weekly Report (MMWR), September 11, 2009/2656, (c) provisional data, (d) data as of 17 September 2009, (e) invasive disease (age ≤5 years).*
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(a) created in 2007; (b) budget line is for medications and vaccines.
### Acute Flaccid Paralysis (AFP), 2008

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<th>Number of AFP cases</th>
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<th>% of cases investigated &lt;48 hours</th>
<th>% with 1 sample taken within 14 days of onset</th>
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### Measles/Rubella, 2008

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<th>% of samples received ≤5 days</th>
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**TOTAL/AVERAGE** 43,002 75 87 82 87 98 49,741 86

Source: Polio Eradication Surveillance System (PESS), Measles Elimination Surveillance System (MESS), and country reports, FCH-W, PAHO.
Main Data Sources


Infant mortality rate (1,000 lb) or number of deaths (N): Reported or estimated by countries. Data are presented when the relative standard error is less than 25%; otherwise, the number of deaths is shown. An increase in infant mortality rate may reflect an improvement in data coverage and quality.


Immunization coverage, immunization program management, and financing information: Annual country reports to Comprehensive Family Immunization (CIF)/PAHO via EPI tables PAHO-WHO/UNICEF Joint Reporting Form (JRF); 2009.

Morbidity: Annual country reports to IM/PAHO via JRF; vaccine-preventable disease specific surveillance reports for measles/rubella and polio, 2008-2009.


Symbols and Abbreviations

(…) not available; (pop) population; (lb) live births; (ppp) purchase power parity; (GDP) gross domestic product; (int') international; (BCG) bacille-Calmette-Guérin (anti-tuberculosis vaccine); (NA) not applicable; (Polio3) third dose of polio vaccine (oral polio vaccine or inactivated polio vaccine); (DTP1) first dose of diphtheria-tetanus-pertussis vaccine (as DTP or combination vaccine); (DTP3-Hib3) third dose of DTP-Haemophilus influenzae type b (Hib) vaccine (as DTP-Hib or other combination vaccine); (Hep B3) third dose of hepatitis B vaccine (as monovalent hepatitis B or combination vaccine); (DTP4) first booster dose after the primary series consisting of three doses of DTP vaccine (as DTP or combination vaccine); (MMR) measles, mumps, rubella vaccine; (MMR2) second dose of MMR vaccine (when offered in the routine program); (CRS) congenital rubella syndrome; (NTT) neonatal tetanus; (Hib) Haemophilus influenzae type b; (NCIP) national committee on immunization practices; (ESAVI) event supposedly attributable to vaccination or immunization; (gov't) government; (RF) PAHO's Revolving Fund for Vaccine Procurement; (m) months; (y) years.

Technical Notes

For detailed information on demographic data and socioeconomic indicators, please visit: http://www.paho.org/English/dd/ais/coredata.htm.

Immunization coverage: Proportion of children aged <1 year vaccinated with one dose of BCG vaccine, the third dose of polio vaccine (oral polio vaccine or inactivated polio vaccine), the first dose of DTP, the third dose of DTP and Hib, and the third dose of hepatitis B vaccine, respectively. Proportion of children aged 1 year vaccinated with the fourth dose of DTP, one dose of yellow fever vaccine in endemic countries, and MMR vaccine, respectively. Proportion of children vaccinated with a second dose of MMR vaccine, as targeted in countries routinely offering a second MMR dose. Coverage rates are expressed as a percentage of the corresponding mid-year population, as reported by the country. Reported coverage rates ≥100% are presented as 100% with a footnote. Subregional aggregated data express average values weighted by population aged <1 year, when a figure is available.

Municipalities reaching coverage ≥95% for DTP3 and MMR: Proportion of municipalities reporting coverage levels equal to or greater than 95% for DTP3 and MMR vaccines, respectively, expressed as a percentage. Municipalities are defined as the third administrative level (country level being first), unless otherwise stated.

Morbidity: Number of confirmed cases of wild polio, measles, rubella, and CRS and number of reported cases of NNT, non-NNT, pertussis, diphtheria, Hib meningitis, and mumps. Subregional aggregated data is the sum of the totals. These are not rates; hence, inter-country comparisons may not be appropriate.

Immunization program management and financing:

- Last follow-up MR campaigns: Year of the last campaign administering measles-rubella vaccine to children irrespective of their vaccination history. These campaigns are intended to reach unvaccinated children and those who did not respond to the first dose.
- NCIP meetings: NCIPs provide recommendations on immunization practices, including advice on vaccines to be included into the national immunization schedule.
- Number of districts with at least one supervisory visit: Immunization supervision including all or most aspects of the program to the local level, generally by regional, departmental, state, or national level.

Selected Information Products of the Comprehensive Family Immunization Project

- Immunization Newsletter: A bi-monthly publication that includes information on all aspects of program implementation, from scientific articles on vaccine-preventable diseases and vaccines to practical matters related to the day-to-day running of an immunization program.
- Rubella Watch: Supplement to the Immunization Newsletter providing the most up-to-date information on all aspects of the rubella and CRS elimination initiative being implemented in the Americas.
- Immunization Field Guides: Nine practical field guides presenting the most recent techniques, coupled with useful illustrations, to help health workers in their efforts to control, eliminate, or eradicate poliomyelitis, measles, rubella, yellow fever, neonatal tetanus, diphtheria, tetanus, pertussis, Haemophilus influenzae type b, hepatitis B, and rotavirus; implement surveillance of bacterial pneumonia and meningitis; and introduce and use new vaccines.
- Safe Vaccination Training Modules: Designed to give health workers the information they need to guarantee the use of quality vaccines, safe injections, and the monitoring of ESAVs and to address public concerns regarding the potential risks of vaccines and adverse events following vaccination.
- Compendium of Measles Articles, Compendium of Rubella and Congenital Rubella Syndrome (CRS) Articles, and Images that inspire: The Mobilization of the Americas to Eliminate Measles and Rubella aim to document the Regional experience and share with PAHO Member States and other regions of the world the lessons learned and best practices developed through the elimination initiatives.

Rev. Nov. 09

Please visit the Comprehensive Family Immunization page at www.paho.org/immunization
• Plan for immunization injection safety: existence of a plan to ensure injection safety, including training, supervision, proper use of safety boxes. This plan may be part of the annual immunization plan of action.
• National system to monitor EIAVs: System in place for the reporting and follow-up of EIAVs.
• Spending on routine immunization financed using government funds: Percentage of all of recurrent immunization-specific spending financed using government funds (for all recurrent inputs, including vaccines, injection supplies, salaries and per-diems of health staff working full-time on immunization, transport, vehicles and cold chain maintenance, training, social mobilization, monitoring, and surveillance). This excludes any external financing from donors, but may include loans.
• Spending on vaccine purchases financed using government funds: Percentage of all vaccine spending financed using government funds. This excludes any external financing from donors, but may include loans.

• Budget line for vaccine purchase: Specific line in the national budget for the purchase of vaccines.
• Vaccine purchased through the RF. Countries that, in 2008, purchased some or all their vaccines using PHOs Revolving Fund as intermediary agent.


This brochure is published in collaboration with Health Information and Analysis, Pan American Health Organization.

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### Seasonal Influenza Vaccine Use in the Americas, 2008

<table>
<thead>
<tr>
<th>Country</th>
<th>Children</th>
<th>Older Adults</th>
<th>Other Risk Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>with chronic disease</td>
<td>Chronic Diseases</td>
</tr>
<tr>
<td>Anguilla</td>
<td>6-35m</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Antigua and Barbuda</td>
<td>6-23m</td>
<td>✓ with chronic disease</td>
<td>≥60y</td>
</tr>
<tr>
<td>Aruba</td>
<td>6-23m</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Bahamas</td>
<td>6m-5y</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Barbados</td>
<td>6m-23m</td>
<td>✓</td>
<td>≥60y</td>
</tr>
<tr>
<td>Belize</td>
<td>6m-23m</td>
<td>✓</td>
<td>≥60y</td>
</tr>
<tr>
<td>Bermuda</td>
<td>6m-18y</td>
<td>✓</td>
<td>≥60y</td>
</tr>
<tr>
<td>Bolivia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>British Virgin Islands</td>
<td>&gt;3y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>6-23m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cayman Islands</td>
<td>6-23m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chile</td>
<td>6-23m</td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>Colombia</td>
<td>6-23m</td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>6-18y</td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>Cuba</td>
<td>&lt;24y</td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>Dominica</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>6-23m</td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>Ecuador</td>
<td>6-23m</td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>El Salvador</td>
<td>6-23m</td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>Grenada</td>
<td>6m-5y</td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>Guatemala</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guyana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haiti</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honduras</td>
<td>&gt;6m</td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>Jamaica</td>
<td>6-35m, 3-9y with chronic disease</td>
<td>≥60y with chronic disease</td>
<td>✓</td>
</tr>
<tr>
<td>Mexico</td>
<td>&lt;9y</td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>Montserrat</td>
<td>✓ with chronic disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Netherlands Antilles (Bonaire)</td>
<td>6-23m</td>
<td>≥60y</td>
<td>≥60y</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>6-23m</td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>Panama</td>
<td>6-23m</td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>Paraguay</td>
<td>6-23m</td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>Peru</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Kitts</td>
<td></td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>St. Lucia</td>
<td></td>
<td></td>
<td>≥60y</td>
</tr>
<tr>
<td>St. Vincent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suriname</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>6-23m</td>
<td>≥60y</td>
<td></td>
</tr>
<tr>
<td>Turks and Caicos</td>
<td>6m-5y</td>
<td>≥60y</td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td>6m-18y</td>
<td>≥50y</td>
<td></td>
</tr>
<tr>
<td>Uruguay</td>
<td>6-23m, &gt;23m with chronic disease</td>
<td>≥65y</td>
<td>✓</td>
</tr>
<tr>
<td>Venezuela</td>
<td>6-23m</td>
<td>≥60y</td>
<td></td>
</tr>
</tbody>
</table>

A. Essential services, security forces and educators. B. The elderly in institutions. C. Military and front line staff. D. Others include children on aspirin therapy, essential workers, travelers, close contacts or caregivers of individuals with chronic disease and individuals living in crowded conditions. E. Indigenous population including population >6m and incarcerated populations. F. Residents of nursing homes. G. Residents of nursing homes, those in contact with populations at high risk for influenza complications, those who provide essential community services, anyone else aged 2-6y should be encouraged to get vaccinated. H. Polio and腮, children >6m who are at risk for complications, individuals caring for babies <6m, I. Egg producers. J. Public safety workers. K, In institutions. L. ≥60y in 2008, ≥65y in 2006 and 2007. M. High risk workers; N. National security. O. People in contact with those at high risk and all persons who want to reduce the risk of becoming ill with influenza or of transmitting it to others.
Impact of Rubella Elimination Strategies
The Americas, 1998–2009*

Number of cases
- 1-50
- 51-200
- 201-500
- 501-1000
- 1001-3000
- 3001-10000
- 10001-30000
- 100001-300000

Rubella cases = 135,947
Americas, 1998

Rubella cases = 8
Americas, 2009*
1 dot = 1 case

* Rubella cases reported to PAHO/WHO as of 5 August 2009
Source: Country reports through the PAHO-WHO/UNICEF Joint Reporting Forms (JRF), 2009 to FCH-JM, PAHO.

Measles Elimination

Confirmed cases in 2008 = 206
Source: Country reports through the PAHO-WHO/UNICEF Joint Reporting Forms (JRF), 2009 to FCH-JM, PAHO.
Umbrella of Protection in the Americas

Poliomyelitis Eradication

- Type 1 vaccine-derived virus in La Hispaniola in 2000 and 2001: 21 cases.
- Source: Country reports through the PAHO-WHO/UNICEF Joint Reporting Forms (JRF), 2009 to FCH-IM, PAHO.

Diptheria and Pertussis

- Source: Country reports through the PAHO-WHO/UNICEF Joint Reporting Forms (JRF), 2009 to FCH-IM, PAHO.

Neonatal Tetanus Elimination

- Source: Country reports
- Countries with cases in the last 3 years: Argentina, Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru and Venezuela.
Data and Indicators of Rotavirus Sentinel Hospital-based Surveillance in Reporting Countries, The Americas, 2008

<table>
<thead>
<tr>
<th>Data and Indicators</th>
<th>Number of hospitalizations in children aged &lt;5 years</th>
<th>Number of hospitalizations due to diarrhea in children aged &lt;5 years</th>
<th>Number of children aged &lt;5 years that meet the case definition</th>
<th>Number of children with complete form and stool sample collected</th>
<th>Number of cases with result positive for rotavirus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolivia</td>
<td>11,807</td>
<td>2,213 19</td>
<td>1,830 83</td>
<td>1,501 82</td>
<td>720 48</td>
</tr>
<tr>
<td>Chile</td>
<td>20,702</td>
<td>1,831 9</td>
<td>1,082 59</td>
<td>1,082 100</td>
<td>297 27</td>
</tr>
<tr>
<td>Ecuador</td>
<td>17,809</td>
<td>3,908 22</td>
<td>460 12</td>
<td>427 93</td>
<td>138 32</td>
</tr>
<tr>
<td>El Salvador</td>
<td>28,185</td>
<td>4,159 15</td>
<td>1,935 47</td>
<td>1,853 96</td>
<td>201 11</td>
</tr>
<tr>
<td>Guatemala</td>
<td>17,046</td>
<td>2,945 17</td>
<td>1,381 47</td>
<td>1,190 86</td>
<td>389 33</td>
</tr>
<tr>
<td>Honduras</td>
<td>45,251</td>
<td>4,255 9</td>
<td>4,090 96</td>
<td>1,907 47</td>
<td>689 36</td>
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<tr>
<td>Nicaragua</td>
<td>14,946</td>
<td>2,788 19</td>
<td>1,637 59</td>
<td>1,638 100</td>
<td>272 17</td>
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<tr>
<td>Panama</td>
<td>10,584</td>
<td>1,185 11</td>
<td>1,185 100</td>
<td>567 48</td>
<td>46 8</td>
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<tr>
<td>Paraguay</td>
<td>5,479</td>
<td>434 8</td>
<td>288 66</td>
<td>263 91</td>
<td>42 16</td>
</tr>
</tbody>
</table>

(a) Months reported from June to October.
(b) Months reported from January to November.

Source: Country Reports to Rotavirus Database, FCH-IM, PAHO.