



Immunization Newsletter

Pan American Health Organization

VOLUME XXXIII NUMBER 2 ► APRIL 2011

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Meeting of the International Expert Committee and National/ Sub-regional Commissions for Documenting Measles, Rubella, and Congenital Rubella Syndrome elimination in the Americas

From 21-22 March, the International Expert Committee (IEC) on measles/rubella elimination and representatives of the national/sub-regional commissions for documenting and verifying measles, rubella and congenital rubella syndrome (CRS) elimination in the Americas convened at the Headquarters of the Pan American Health Organization (PAHO) in Washington D.C. The objective of the meeting was to review the process and the timeline for the implementation of activities to complete the documentation and verification process; as well as to provide sound recommendations to the commissions in the implementation of the process at the country level.

The progress made by PAHO's Member States toward the goal of documenting measles, rubella, and CRS elimination is remarkable. Thirty-four countries and the territories of France, the Netherlands, and the United Kingdom in the Caribbean have established national or sub-regional commissions, and a few countries have completed their fieldwork and/or elimination reports. When completed, the elimination reports are reviewed by the IEC and returned to the Ministry of Health for revision and subsequent finalization.

While a few countries have already completed their elimination documentation report, the remaining countries are committed to submit their final reports to the IEC by December 2011. Doing so would enable the IEC to verify the regional achievement of elimination and present a report to the Pan American Sanitary Conference in 2012. In addition, countries were encouraged to strengthen the relationship between epidemiology and the laboratory and to document the occurrence of the last endemic CRS case, implementing retrospective CRS case searches if necessary.

In this light, PAHO technical support will be available for countries, with a focus on strengthening measles, rubella and CRS surveillance systems, in order to provide strong evidence for the interruption of endemic measles and rubella in the region. If no progress has been observed in a country, an accountability gap exists, technical support from the IEC is needed, or questions are raised in relationship to the country report submitted, the IEC will visit countries or sites and provide guidance. With this additional support, all countries in the Region are expected to complete their IEC report by December 2011.

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Vaccination Week in the Americas, 2011

The ninth annual Vaccination Week in the Americas (VWA), an initiative aiming at advancing equity and access to vaccination across the Region of the Americas, will be celebrated from 23 to 30 April 2011. This year's VWA slogan, "Vaccinate your family, protect your community," highlights vaccination as a right of the entire family and a necessary means for disease prevention at the community level. VWA will be celebrated simultaneously with its sister initiatives in AFRO, EMRO, EURO, and WPRO.

In total, more than 170 countries and territories worldwide will be promoting vaccination simultaneously during the last week of April.

Dozens of VWA launching events will be conducted in 2011 at the local, national and international level. These will include high profile Regional launches in the Altiplano between Bolivia and Peru on 26 April and in the Amazon in Manaus, Brazil on 30 April. Additional celebrations will take place between the United States and Mexico in Tucson, Arizona; in Panama; in Guatemala; on the tri-national border area

between Brazil, Colombia, and Peru; between Guatemala and Honduras; between Colombia and Ecuador; between French Guiana and Suriname, and in Costa Rica, Cuba, El Salvador, Paraguay, Uruguay, among other locations.

To date, approximately 40 countries and territories are scheduled to participate in VWA, targeting more than 41 million people across the age-spectrum for vaccination against a wide range of diseases, including poliomyelitis, measles, rubella, and

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In collaboration with IEC members, PAHO plans to evaluate and assure adequate laboratory support for all countries. Additionally, PAHO will continue to advocate among partners to secure sufficient funding for the documentation/verification process

The IEC congratulated the countries of the Americas for significant progress made toward the goals of measles, rubella and CRS elimination in the Americas and hopes that with the implementation of the recommendations outlined in the March meeting, the goal of declaring the Region free of these diseases will be achieved.

PAHO Resolution CSP27.R2, adopted by the 27th Pan American Sanitary Conference in 2007, requested the Director of the Pan American Health Organization to appoint an International Expert Committee to independently verify that endemic measles and rubella virus transmission has been interrupted in the Western Hemisphere. IEC members include representatives from different sub-regions and areas of expertise, they are: Dr. Dr. Marceline Dahl-Regis, Chief Medical Officer, Ministry of Health, Bahamas; Dr. Louis Z. Cooper, Emeritus Professor of Pediatrics, College of Physicians and Surgeons of Columbia University, United States; Dr.

Walter Orenstein, Professor of Medicine and Pediatrics, Emory University, United States; Dr. José Ignacio Santos-Preciado, Professor, Department of Experimental Medicine, School of Medicine, National Autonomous University of Mexico, Mexico; Dr. Natasha Crowcroft, Director of Surveillance and Epidemiology, Ontario Agency on Health Protection and Promotion, Canada; Dr. Jose Cassio de Moraes, Chair, Department of Social Medicine, Santa Casa de São Paulo, Brazil; and Dr. Isabel Pachón del Amo, Area Chief of Epidemiology, General Directorate of Public Health and Foreign Health Affairs Ministry of Health and Social Policy, Spain. ■

PAHO's Support to the Introduction of New Vaccines in Latin America and the Caribbean: the Case of Rotavirus and Conjugate Pneumococcal Vaccines

Countries in the Latin American and Caribbean (LAC) Region have been among the first developing countries to introduce newer vaccines, such as the rotavirus and the pneumococcal conjugate vaccines (PCV), to their National immunization schedules this decade. PAHO has strongly recommended that these vaccines, like all other vaccines introduced into national immunization programs, be introduced nationwide.

Throughout the process of new vaccine introduction, PAHO has supported many in-country activities and continues to be closely involved in supporting strategies to reduce morbidity and mortality caused by rotavirus diarrhea and pneumococcal-related diseases. Since 2006, 14 countries and one territory have introduced the rotavirus vaccine in their national immunization schedule, and 14 countries and five territories have introduced the PCV in their national immunization schedule (Figure 1).

Since 2003, PAHO has supported Member States in organizing regional and sub-regional meetings focused specifically on new vaccines introduction and implementation. From then on, PAHO has organized seven such meetings in Brazil, Colombia, Costa Rica, Peru, and Venezuela. In November 2011, PAHO is planning to conduct its eighth new vaccines meeting in Uruguay. The objectives of these meetings are to share recent scientific advances on new vaccines that were recently introduced in national programs of the various countries, and to discuss epidemiological surveillance of these vaccines in children aged <5 years.

In tandem with other new vaccine activities, PAHO's ProVac Initiative has organized regional workshops with the aim of strength-

ening national capacity to make informed, evidence-based decision with respect to new vaccine introduction.

Since 2006, the initiative has hosted two workshops on the use of economic analyses and other evidence to make informed national decisions about the introduction of rotavirus and pneumococcal conjugate vaccines. The workshops have provided multidisciplinary country study teams with practical training on economic models to conduct cost-effectiveness analysis. To date, 10 countries in the region have conducted cost-effectiveness analyses and prepared technical reports summarizing the available evidence to inform national decision-making on the introduction of rotavirus or pneumococcal conjugate vaccines.

In order to assist Member States with the proper introduction and implementation of new vaccines into their national immunization programs, PAHO has developed several field guides. Over the last four years, it has released the three following field guides:

- *Surveillance of Bacterial Pneumonia and Meningitis in Children Aged Under 5 years¹*
- *Epidemiological Surveillance of Diarrheal Diseases Due to Rotavirus²*

- *Introduction and Implementation of New Vaccines³*

Two additional field guides are currently in development: *How to implement pneumococcal conjugate vaccination in a country and; Objectives and use of the new vaccines surveillance informatics Web-based tool VINUVA*. The latter guide will facilitate the process the systematic reporting of countries' surveillance data on bacterial invasive infections and rotavirus diarrhea. It will also assist with the development of the epidemiological profile for these diseases in the Latin America and the Caribbean.

With the objective of improving the assessment of the impact of vaccine introduction in the countries, the prevalence of circulating strains, and changes in the epidemiological profile of the diseases monitored, PAHO has supported Member States in setting up standardized new vaccines hospital-based sentinel surveillance. It has done so through the use of consistent case definitions, laboratory diagnosis, and systematic analyses of data. Currently, 13 countries have implemented hospital-based sentinel surveillance for rotavirus diarrhea and 10 have implemented hospital-based sentinel surveillance for invasive bacterial diseases caused by the pneumococcal virus.

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In-country support through short-term consultants has been part of PAHO's main activities to assist Member States in the process of vaccine introduction. These consultants provide training and support in the implementation of epidemiological and laboratory surveillance; help develop new vaccine introduction plans, based on PAHO guidelines; participate in cold chain assessments at all levels; and are involved in activities aimed at strengthening the network to monitor and respond to events supposedly attributable to vaccination and immunization (ESAVIs).

Once a new vaccine has been introduced and implemented in a country, PAHO encourages Member States to share lessons learned with other countries in the Region and the world. Throughout the years, several of the Expanded Program on Immunization (EPI) managers, have visited other countries to share lessons learned from new vaccine introduction or to learn more from a country that has recently introduced a vaccine. PAHO is planning a meeting, in 2012, to share lessons learned from countries that have recently introduced PCV.

PAHO has also strongly supported countries with the development of special studies on vaccine safety, effectiveness, and impact, among others. Also, studies to systematically document the new vaccine introduction process. Currently, PAHO is involved in eight rotavirus or pneumococcal related studies in 10 LAC countries. ■

¹ Available at: http://new.paho.org/hq/dmdocuments/2010/FieldGuide_BacPneumoMening_1stEd_e.pdf.

² Available at: http://new.paho.org/hq/dmdocuments/2010/FieldGuide_Rotavirus_1stEd_e.pdf.

³ Available at: http://new.paho.org/hq/dmdocuments/2010/FieldGuide_NewVaccines_1stEd_e.pdf.

Figure 1. Rotavirus and/or pneumococcal vaccines in Country's Expanded Program on Immunization (EPI) schedules, Region of the Americas, 2011



PAHO Shares Experiences of Americas Region on Sustainable Immunization Financing at Sabin Colloquium

On 28-29 March, 2011, representatives from the Pan American Health Organization (PAHO) participated in the first-ever Colloquium on Sustainable Immunization Financing, hosted by the Sabin Vaccine Institute in Addis Ababa, Ethiopia. PAHO was invited to the event to share the experiences of the Americas in developing vaccine legislation and sustainable immunization programs.

The Americas panel was moderated by Dr. Jon Andrus, PAHO's Deputy Director. Mr. Pierce Trumbo, Finance Officer for PAHO's Immunization Project, presented the historical evolution of immunization programs in the Americas and explained how countries developed laws guaranteeing these programs.

Following the creation of national programs and polio eradication efforts in the 1980s, PAHO encouraged Member States to assume more responsibility for their programs and helped countries to develop vaccine legislation to secure a budget line for immunization. Today, countries in the Americas cover 99% of the cost of their national programs—and at least 27 countries have passed or are passing vaccine legislation.

Two parliamentarians, Hon. Alejandro Northon Zapata Avendaño from Bolivia and Hon. Zoila Beatriz Quijada Solís from El Salvador, also shared their experiences in passing immunization legislation with the colloquium's delegates. Representative Zapata Avendaño

described his efforts to recruit supporters for Bolivia's Ley 3300 (passed in 2005), which guarantees the right of all Bolivian citizens to be immunized. Hon. Quijada Solís, who is spearheading the effort to pass El Salvador's proposed vaccine law, expressed solidarity with the countries at the colloquium and encouraged delegates to continue fighting to secure national funds for immunization.

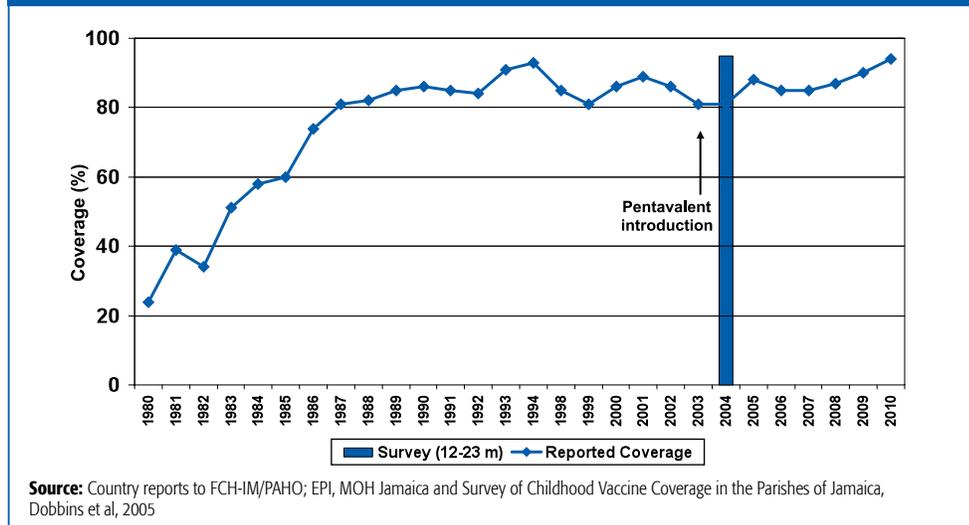
The experiences of the Americas generated significant interest and discussion at the colloquium. It became increasingly clear that sharing lessons learned and best practices from the Americas is a powerful stimulus for countries developing vaccine laws and immunization programs in other Regions. ■

Jamaica's Immunization Data Quality self-Assessment (DQS), 1-8 November 2010

Jamaica's Expanded Program on Immunization (EPI) has reached important milestones, such as polio, measles, and rubella elimination. Nonetheless, reported coverage has been lower than coverage observed in a 2005 survey (Figure 1).

An evaluation of the immunization monitoring system, using a methodology known as "Data Quality self-Assessment" (DQS), was conducted in Jamaica from the 1st to the 8th of November 2010. The evaluation team was composed of 15 people from the Jamaican Ministry of Health (MOH) working at different levels of the Expanded Program on Immunization (EPI), a representative of the Ministry of Health of Belize, a representative of the United States Centers for Disease Control and Prevention (CDC), a representative from the World Health Organization, and two staff members of the headquarters office of the Pan American Health Organization (PAHO).

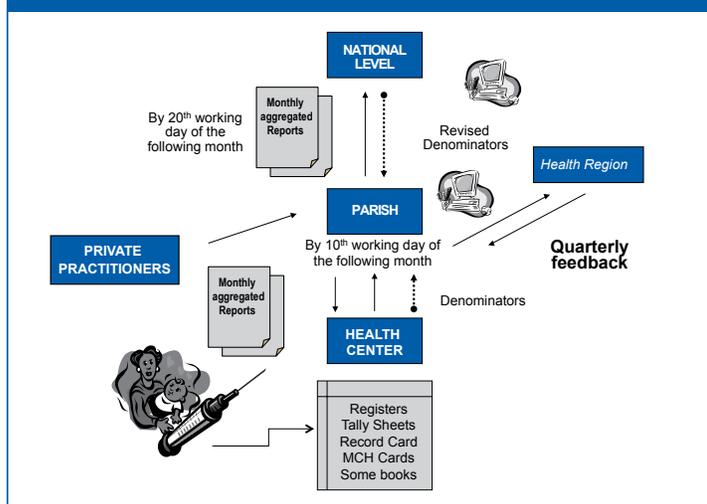
Figure 1. Reported DTP3 coverage among children aged 0-11 months and survey DTP3 coverage in children 12-23 months. Jamaica, 1980-2010



The objectives of this DQS were to evaluate the accuracy of the EPI coverage data reporting timeliness and system quality (see Figure 2),

and to identify strengths and weaknesses to propose recommendations for improvement.

Figure 2. EPI Data Flow, Jamaica 2010.



The three main components evaluated were:

1. The **quality of the monitoring system**: This was evaluated through questionnaires administered at National, Parish, and Health Centre levels. The components evaluated in Jamaica included: recording practices, demographic information and planning, training and supervision, archiving and reporting, monitoring and evaluation, and vaccine and supply management. A quality index for each site visited (except some private facilities) was obtained by dividing the score obtained by the maximum score possible.
2. The coverage **data accuracy**: Accuracy was evaluated by comparing the data found in the different levels of the reporting system, and then registered in data collection forms. In Jamaica, the evaluation covered the period from July through September 2010, and the vaccines assessed were the first and third doses of pentavalent (Penta1 and Penta3) in children aged 0-11 months, the first dose of MMR (MMR1) in children 12-23 months, and the second dose of MMR (MMR2) among children aged 4-6 years, the latter was only verified for the Parish level.
3. The **timeliness** of reporting: This was evaluated at the Parish level by calculating the percentage of the reports that were received by the tenth working day of the following month, as regulated by the EPI. At the national level, it was calculated as the percentage of the reports that were received by the twentieth working day of the following month.

The National EPI team and PAHO selected the sites and started adapting the questionnaires and accuracy forms in July 2010. During the DQS in November, five teams (3-4 persons each) were trained and the data collection questionnaires and forms piloted (2 days); the field work conducted (2 days – originally planned for 3, but reduced to 2 due to a

hurricane warning); the findings analyzed, and recommendations proposed (1 day); and the main findings presented to the national authorities.

Kingston & St. Andrew (KSA), Manchester, St. Ann, St. Catherine, and Trelawny Parish Health Departments were evaluated, as well as 22 health centers and four private doctors.

The quality index (QI) resulting from the interview at the national level was 79%, the average Parish QI was also 79% (range: 71-84%) and the average Health centre QI was 82% (range: 60-98%); the score by component varied widely.

The average verification factors were consistently under 100% when verifying the data

reported to the Parish Health Departments in the Health Centers' records (tally sheets and immunization tracking registers) (Figure 3). Conversely, more doses were counted at the Parish Health Departments visited than at those in the database at the national level resulting in average verification factors >100% for all 4 antigens examined (Penta1, Penta3, MMR1 & MMR2).

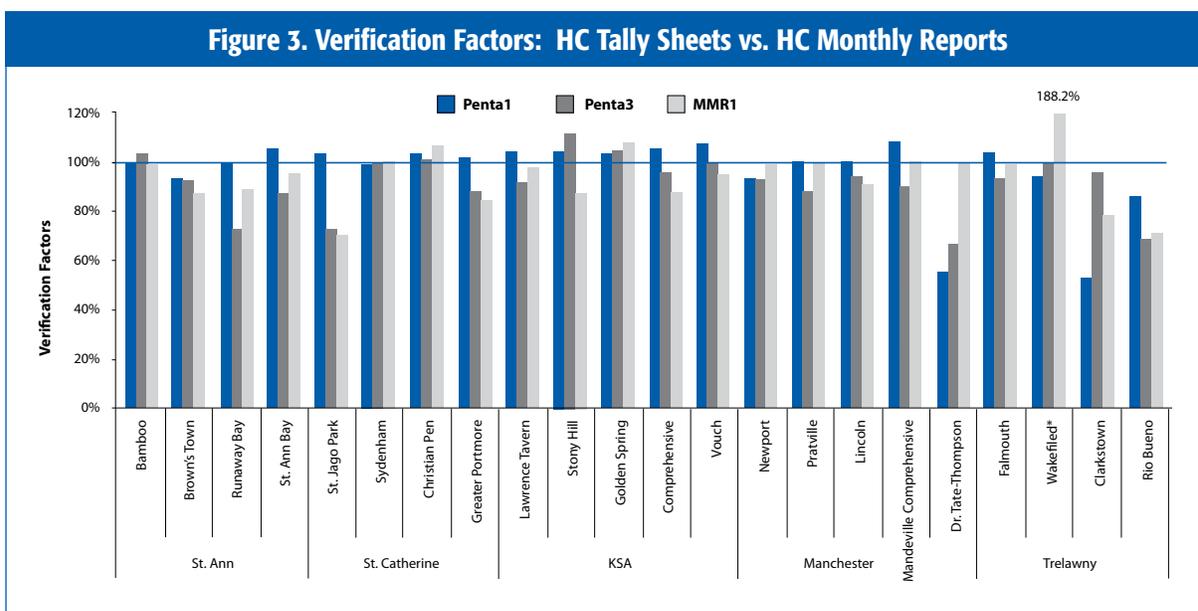
Timeliness, in terms of EPI reports received on time at the Parish, varied from 11.7% to 94.2%. For the national level, 87% of the EPI reports from the Parishes for July-September 2010 arrived on time. It was noted that on many occasions, data consolidation was not performed until all of the reports from all of the health centers or parishes had been received in order to avoid loss of data.

Among the strengths, a common theme was the commitment of the EPI personnel at all

levels of the health system; the data flow is clear and well-defined; there is a mechanism that allows individual follow-up of children's vaccination schedules; and the interviewed private physicians had a good disposition and were willing to provide the data requested. The main weaknesses related to the outdated EPI database were that it does not allow electronic data transfer from Parish to the National level, among other difficulties; the lack of a mandate or mechanisms to get all the data from the private sector; the insufficient human resources; the inability to accurately monitor vaccine wastage; the limited geographic data analysis using the information system at the different levels; and inconsistencies and problems related to recording, documenting, and aggregating the vaccine doses given at the Health Centers.

The main recommendations aim to update the database system (including the electronic submission of files), train staff, and optimize its use at Parish, Regional and National level; modify immunization regulations to strengthen reporting from the private sector and encourage this sector to keep immunization registries; take into consideration the needs of the EPI program in the national human resource development plan; develop mechanisms to better monitor vaccine wastage; strengthen geographical analysis of the data; and strengthen documentation practices at the local level through improved supervision and training, including the possibility of hiring an EPI field supervisor.

Finally, the team recommended evaluating the Parishes not visited during this DQS and developing a plan of action to implement these recommendations.



Main recommendations

- EPI needs should be considered when creating human resource development plans.
- Strengthen the documentation of doses administered through improved supervision and training.
- Implement mechanisms to ensure that copies of monthly summarized EPI forms are kept at health centre level.
- Ensure that updated maps, with boundaries by health centres, are provided in order to facilitate data analysis by geographic location.
- Adapt DQS tools for regular quarterly measures and evaluations by the public health nurse.
- Update database system, train staff and optimise use at parish, regional and national level.
 - Send electronic files to national level instead of hard copies of the report.
 - Provide printers to parishes.
- Reinforce the use of a standard tally sheets in all health facilities, including those in the private sector.
- Modify immunization regulations to strengthen reporting from the private sector.
- Encourage private sector to keep immunization registry and track defaulters. ■

Improving Immunization Services in Haiti: Partner Support Meeting

On 8-9 March 2011, the Pan American Health Organization (PAHO) hosted a meeting for immunization partners to discuss how to best support Haiti's multi-year Immunization Plan of Action (2011-2015). Participants included representatives from Haiti's Ministry of Public Health, PAHO, UNICEF, the US Centers for Disease Control and Prevention (CDC), Canadian International Development Agency (CIDA), the United States Agency for International Development (USAID), and other partners.

The new multi-year strategic plan for Haiti aims to improve vaccination coverage and vaccine management. This would enable the national Immunization Program to maintain the country free of polio, measles, and rubella, eliminate neonatal tetanus, and introduce new vaccines with the help of numerous donors and partners. The plan covers routine vaccination, epidemiological surveillance, social mobili-

zation and communication, as well as training and management activities from 2011 through 2015. It includes detailed cost projections, and plans for inclusion of the pentavalent (DTP-Hib-Hep B) and other new vaccines.

Haiti's health officials are currently working with PAHO and partners to refine their new strategies and detail their vaccination plans, as well as to ensure these are funded and can be sustained over the next five years. Country ownership and the coordination of all actors involved were identified as necessary elements for the success of the plan. Equity was clearly identified as the overarching principle of the plan. Dr. Ciro de Quadros of the Sabin Vaccine Institute, who chaired the meeting, stated: "This plan shows the great work being done on immunization and the strong commitment to improve immunization services, and the international community backs the plan in

Haiti." Haiti's Dr. Ariel Henry, of the Ministry of Public Health and Population (MSPP), said: "We hope to start this multi-year immunization plan as soon as possible in order to save lives and protect Haitians."

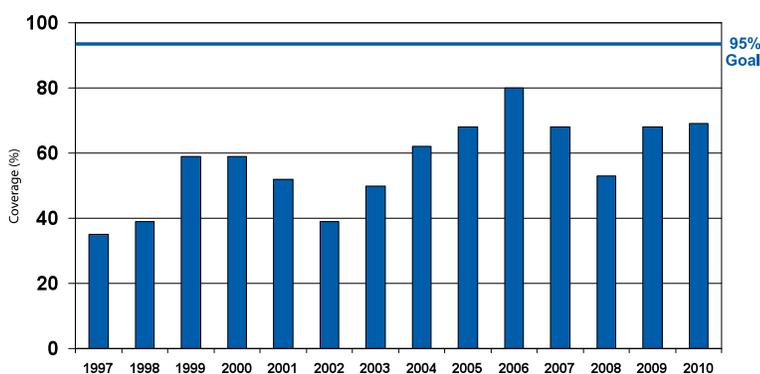


Post-disaster vaccination efforts, Haiti, March 2010

Haiti's multi-year Immunization Plan is to adhere to the following strategic guidelines in order to ensure the Plan's success:

- 1. Strengthening routine vaccination**, with a view to significantly improving vaccine coverage, in both quantitative and qualitative terms;
- 2. Broadening the range of the Plan's target diseases and target groups**, first through the introduction of new vaccines, beginning in 2012 with the pentavalent vaccine; and second, through its transformation into a national immunization program that brings the benefits of vaccination not only to mothers and children but to the entire family;
- 3. Reviving the offer for immunization outreach**, using the following mechanisms:
 - Ensuring that mobile vaccination teams hold public immunization events at vaccination posts on at least a quarterly basis, utilizing Child Health Week and Vaccination Week in the Americas, as well as other opportunities to mobilize partner support, as needed,
 - Optimizing NGO support for routine vaccination through contracts,
 - Defining and implementing a feasible policy of remuneration and training for community health workers, thus guaranteeing the recruitment and retention of a capable and motivated community workforce to secure the outreach strategy;
- 4. Increasing cold chain capacity** at all levels to meet cold storage needs resulting from the introduction of new vaccines;
- 5. Improving management practices** for the cold chain, vaccines, and other supplies in such a way as to reduce loss rates and avoid stock outages;
- 6. Strengthening communications and social mobilization activities** in such a way as to optimize demand and improve service delivery, especially in areas difficult to access;

Reported vaccination coverage with DPT3 in children aged <1 year Haiti, 1997-2010



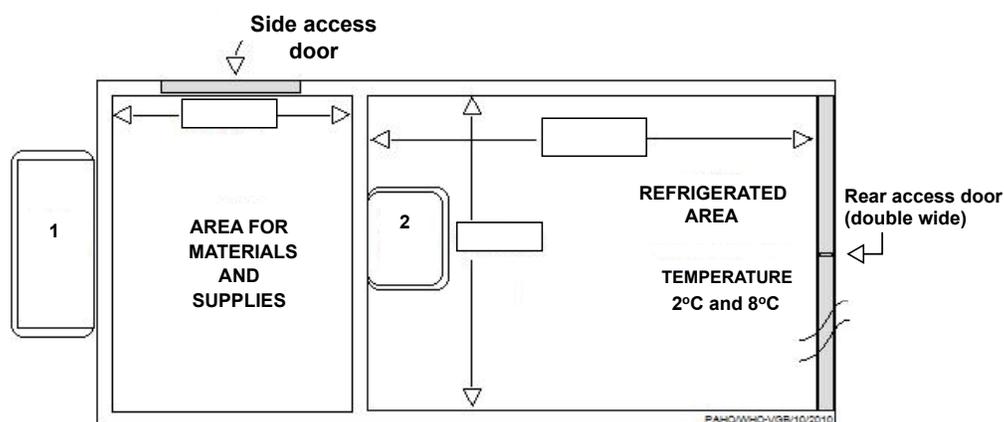
Source: FCH-IM as reported through the PAHO-WHO/UNICEF joint reporting forms (JRF).

7. Strengthening epidemiological surveillance through fruitful collaboration between the DPEV (Haiti's Ministry of Health's National Directorate for the Expanded Program on Immunization) and the DELR (Haiti's Ministry of Health's Directorate of Epidemiology, Research, and Laboratories). As well as through support from the principal technical partners, particularly PAHO and the World Health Organization (WHO), UNICEF, and the CDC;

8. Reviving support and monitoring activities, especially micro-planning, supervision, and monitoring vaccine coverage;

9. Strengthening Immunization Plan's managerial and consultation bodies: Haiti's National Expanded Program on Vaccination (DPEV) and the Technical Committee (TC), and Inter-Agency Coordination Committee (IACC). ■

TECHNICAL SPECIFICATIONS FOR REFRIGERATED CONTAINERS



Wall, Floor, Roof and Door Thickness = 3" or 76.2 mm
 1. Condenser unit 2. Evaporator unit

SPECIFICATIONS, DESCRIPTION, and COMMENTS/OBSERVATIONS

	DESIGN AND CONSTRUCTION BY	Should be purchased from a company specialized in the design and construction of thermal chambers and containers for refrigerated transport vehicles.
DIMENSIONS (Refrigerated Area)	INTERNAL MEASUREMENTS TOTAL DIMENSIONS FOR THE THERMAL UNIT	Internal measurements of the area for supplies and materials should be compatible with EPI needs. Total dimensions of the thermal chamber or container should be compatible with EPI needs.
	INSULATION	Highly dense polyurethane injected foam (42 kg/m ³ minimum)
	WALL, FLOOR, ROOF, AND DOOR THICKNESS	3" inches or 76.2mm
	FLOOR COVER	Corrugated/extruded non-slip or type "T" aluminum, or similar.
	DOORS	REAR TWO/DOUBLE DOORS:Stainless steel closing torques and hinges. Dual gasket tab. Extruded aluminum frame, 1/8", with welded corners. Rubber bumpers. Door fastening hook. SIDE: One
CONTROL/MONITORING/ SAFETY SYSTEMS	THERMOMETER	Temperature control panel installed in the cabin's panel
	THERMOGRAPH	Temperature control through a graphics card or computer mandate [This device enables the manual or electronic recording of the temperatures to which vaccines were exposed during transportation.]
	TACHOMETER	Indicates safe range of motor rotation speeds which assists the driver in selecting appropriate throttle and gear settings for the driving conditions [This device warns the driver when s/he is exceeding speed as well as how the offense should be recorded.]
	ALARMS	Against high or low temperatures [This system warns the driver or person responsible for transporting the vaccines, if they are being exposed to high or low temperatures due to possible failures in the cooling system.]
	GPS	Navigation and precise-positioning tool for determining the location of an object/transport/person. [Allows for real-time information on the actual/current location of the vehicle in case of accidents, vehicle malfunctions or theft.]
	SAFETY	Alarm system against container/truck theft
REFRIGERATION EQUIPMENT	REFRIGERATING CAPACITY	Calculated by the company when they designed the thermal chamber or container
	REFRIGERANT TYPE	CFC Free
	TEMPERATURE	2°C to 8°C
	REFRIGERATING SYSTEM: DUAL	Motorized and electronic operability [The cooling system must offer the dual option to run on both engine power during transport as well as the possibility to power the system by connecting it to an electric grid when the vehicle is parked.]
	REPLACEMENT PARTS	Replacement parts for two years.

For access to the World Health Organization's (WHO) full Performance Quality and Safety (PQS): prequalified quality and safety Manuals, please visit: http://www.who.int/immunization_standards/vaccine_quality/pqs_prequalified_devices/en/index.html

The *Immunization Newsletter* is published every two months, in English, Spanish, and French by the Comprehensive Family Immunization Project of the Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization (WHO). The purpose of the *Immunization Newsletter* is to facilitate the exchange of ideas and information concerning immunization programs in the Region, in order to promote greater knowledge of the problems faced and possible solutions to those problems.

An electronic compilation of the *Newsletter*, "Thirty years of *Immunization Newsletter*: the History of the EPI in the Americas", is now available at: www.paho.org/inb.

References to commercial products and the publication of signed articles in this Newsletter do not constitute endorsement by PAHO/WHO, nor do they necessarily represent the policy of the Organization.

ISSN 1814-6244

Volume XXXIII, Number 2 • April 2011

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congenital rubella syndrome, mumps, diphtheria, whooping cough, neonatal tetanus, influenza, and yellow fever. Several countries have also chosen to integrate other preventative interventions together with their vaccination campaigns, including deworming treatments, Vitamin A supplementation, and growth monitoring. Some countries and territories are planning to take advantage of VWA to focus exclusively on social communication and educational campaigns to promote vaccination. ■



For more information on VWA, please refer to the initiative's Website:
www.paho.org/vwa
and "like" us on Facebook:
<http://on.fb.me/VacunaVaccine>

Gates Foundation offers \$100,000 grants to optimize immunization systems in low and middle income countries

The availability of new vaccines and the substantial funding to rapidly introduce them into country immunization programs offers a fantastic opportunity to save millions of lives. However, with these opportunities come challenges—a key one of which is making sure the systems trusted with delivering these vaccines are up to the task.

The Bill & Melinda Gates Foundation is now accepting proposals for its Grand Challenges Explorations, an initiative which fosters innovation in global health research. This year, the initiative offers scientists, inventors, NGOs, ministries of health, and entrepreneurs from around the world the opportunity to acquire US \$100,000 grants to pursue unconventional ideas that could transform immunization supply systems in the world's poorest countries.

A first step in finding innovative solutions has been launched by the Gates Foundation's Grand Challenges Explorations program, offering grants of \$100,000 to promising two-page proposals that address the priority areas listed below.

1. Vaccine characteristic prioritization.
2. Immunization supply system design.
3. Environmental impact.
4. Information systems.
5. Human resources.
6. Vaccination acceptance.

Projects showing success will have the opportunity to receive additional funding up to US\$1 million. **The deadline for applications is November 17, 2011.**

For more information or to apply visit: www.Grandchallenges.org/GIN