

Photo: Barbados VWA 2015

VACCINATION WEEK IN THE AMERICAS 2015 FINAL REPORT

25 APRIL- 2 MAY 2015

Boost your power! Get Vaccinated!





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VWA Quick Facts

- 2015 marked the 13th annual Vaccination Week in the Americas (VWA)
- This year's theme was "Boost your power! Get Vaccinated!"
- Over its history, approximately 580 million people have been vaccinated as part of the VWA framework
- Starting in 2012, the Americas joined with all other regions of the World Health Organization to celebrate World Immunization Week (WIW)
- WIW was endorsed during a World Health Assembly resolution and unites more than 180 countries and territories worldwide each year



Banner from Panama, VWA 2015

VWA Background

In 2002, following a measles outbreak in Venezuela and Colombia, the health ministers of the Andean countries proposed the idea of a coordinated international vaccination effort to help prevent future outbreaks. With the support of the Pan American Health Organization (PAHO)/Regional Office of the Americas of the World Health Organization (WHO), this proposal evolved over the succeeding months into a new initiative, Vaccination Week in the Americas (VWA). VWA was celebrated for the first time in April 2003; later that same year the initiative was endorsed in a resolution during PAHO's Directing. Since its inception, VWA has become a key driver of immunization progress in the Region and a yearly opportunity to highlight the essential work of national immunization programs. In 2012, a coffee table book entitled "10 years of Vaccination Week in the Americas" was published to document the highlights and achievements of the first decade of the initiative.

VWA Objectives

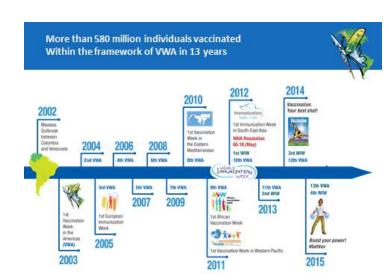
Led by the countries and territories of the Americas, VWA is an annual opportunity to advance equity and access to vaccination. Countries' participation in VWA is flexible and national activities are selected independently by ministries of health based on current public health priorities. However, at the core of VWA are efforts to reach out and vaccinate populations with little or no access to regular health services, such as those populations living in urban fringes, rural and border areas and in indigenous communities. By "reaching

the unreached", VWA contributes to strengthening national immunization programs across the Americas. The initiative also provides an important platform for raising public awareness regarding the importance of immunization and for keeping the topic on the forefront of high level political agendas and in the media. In recent years, countries have also increasingly used VWA as a platform to integrate other preventative interventions with vaccination.

VWA has become a bright example of what can happen when countries work together, across borders and in different languages, to improve their populations' health. In 2014, the initiative was selected as one of the five memorable movements in public health by the Global Development Professionals Network of the Guardian Newspaper (U.K). Click here to read more.

The Path to World Immunization Week

Following the initial success of VWA, all other regions of the WHO have subsequently came on board with similar sister initiatives (see timeline at right), a global movement which culminated in the establishment of World Immunization Week (WIW) in 2012. WIW has been endorsed by the World Health Assembly and represents the overarching umbrella for all unique regional endeavors.



Overview: World Immunization Week 2015

The slogan for WIW 2015was "Close the immunization Gap". The campaign focused on reaching equity in immunization levels as outlined in the Global Vaccine Action Plan (GVAP), a framework to prevent millions of deaths by 2020 through universal access to vaccines for all people.

The GVAP aims to:

- strengthen routine immunization to meet vaccination coverage targets;
- accelerate control of vaccine-preventable diseases with polio eradication as the first milestone;
- introduce new and improved vaccines; and
- spur research and development for the next generation of vaccines and technologies.

More than 180 countries worldwide joined together to celebrate WIW 2015 and the other regional vaccination/immunization week initiatives.



Overview: Vaccination Week in the Americas 2015

From 25 April to 2 May 2015, the countries and territories of the Americas, together with the Pan American Health Organization and other partners, celebrated the 13th annual VWA/4th WIW under the regional slogan, "Boost your power! Get Vaccinated!". Over the past 13 years, more than 580 million people of all ages have been vaccinated against a wide range of diseases under the framework of VWA. However, this

number only tells part of the story, as many countries dedicate tremendous human and financial resources towards outreach efforts to vaccinate small numbers of individuals in remote areas with otherwise limited access to health services.

This year alone, countries and territories reported that more than 67 million individuals of all ages were vaccinated through a multitude of national vaccination efforts as part of VWA.

Many countries also used the initiative to carry out integrated efforts across health programs, including deworming, vitamin A supplementation, blood pressure and blood sugar screening, the vaccination of household pets, screening for domestic violence by social workers, Pap smears, HIV counseling and testing, breast feeding promotion, health education and dental care, among other activities.

VWA's 2015 Regional Communication Campaign

The theme for the 13th celebration of VWA revolved around the idea of becoming a superhero through vaccination, with the slogan of "Boost your power! Get Vaccinated." The supporting messages reinforced the idea that vaccination boosts immune systems and helps the body fight against more than 20 preventable diseases, making people into superheroes with special powers to defeat illness.

PAHO/WHO partnered this year with the Chespirito Foundation in order to feature the image of the Chapulín Colorado, a popular cartoon character in Latin America on posters, stickers, banners, and other VWA materials. Other regional materials featured the hand drawn images of a community of individuals empowered by vaccination.

A social media campaign using the hashtags #GetVax and #BoostYourPower encouraged people to take photos posing as superheroes and holding #GetVax signs and post them to social media or submit them to a PAHO website. 134 photos from all over the Americas were received and are available on the PAHO/WHO Boost Your Power Photo album: http://bit.ly/1yygpjK.

The use of hashtags helped PAHO/WHO to follow the VWA and vaccination-related conversations on social media. This year, the hashtags #GetVax and in Spanish, #Vacúnate, reached over 3 million people.















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- 1. PAHO/WHO Ecuador Office
- 2. VWA 2015 Poster featuring El Chapulín Colorado
- 3. A child at the PAHO/WHO Regional Office
- 4. A mother and child at the PAHO/WHO Regional Office
- 5. PAHO Director, Dr. Carissa Etienne encourages the Americas to be superheroes and get vaccinated in a one minute PSA:

English: https://www.youtube.com/watch?v=8NXa3g-L6To Spanish: https://www.youtube.com/watch?v=T2YnGZF Fus

- 6. PAHO/WHO Country Representatives at the South America's Sub Regional Manager's Meeting in Chile
- 7. The 9th PAHO/WHO's Subcommittee on Program, Budget, and Administration of the Executive Committee

Campaign Kit

Regional posters, stickers, an infographic, health alerts, fact sheets, coloring pages, and PowerPoint templates were made available on the VWA website (www.paho.org/vwa) as part of a campaign kit for countries to download and use. Posters and stickers were printed and sent to countries in English, Spanish, and Creole. Additional versions of the posters and stickers in French and Portuguese were also available online for download.



Examples of the posters in various languages:

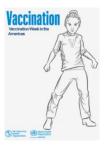




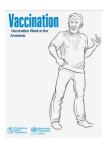




Examples of the coloring pages:









Examples of the stickers:





PowerPoint Template:

VWA launching events and activities

This year, the regional launch for VWA took place in Duran, Ecuador, an indigenous community outside of Guayaquil on 25 April 2015. Participants included high level authorities from the Ministry of Health, PAHO/WHO's Director and Representative in Ecuador, representatives from the Joint United Nations Programme on HIV/AIDS (UNAIDS), The United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), the United States' Centers for Disease Control and Prevention (CDC) and the Sabin Vaccine Institute, among other partners.





VWA 2015 Regional Launch, Duran, Ecuador, 25 April 2015

As part of the regional launch, PAHO/WHO, together with The United Nations Foundation, held a special "#GetVax +SocialGood" webcast to educate the public on the importance of vaccination. Experts addressed issues such as the impact of vaccines in public health, recent outbreaks of vaccine-preventable diseases, the experience of Ecuador in vaccination, and shared ways to support vaccination from local communities and/or organizations.

Participants included Carissa F. Etienne, Director of PAHO/WHO; Carina Vance, Minister of Health, Ecuador; Gina Tambini, PAHO/WHO Representative in Ecuador; Cuauhtemoc Ruiz, Chief of the Comprehensive Family Immunization Unit at PAHO; Jon Andrus, Executive Vice President



The webcast can be viewed at: http://www.paho.org/vwa/?page_id=15

and Director, Vaccine Advocacy and Education, Sabin Institute; John Fitzsimmons, Deputy Director, Global Immunization Division Center for Global Health, CDC; and Grant Leaity, UNICEF Representative in Ecuador.

As a pre-launch to VWA, PAHO/WHO also held a special technical session to discuss the advances and challenges with measles elimination in the Region on 23 April 2015 with the International Expert Committee on Measles and Rubella Elimination in the Americas. The discussion was broadcast throughout the Region and was followed by a question and answer session for health personnel in the ministries of health in the Region.



Members of the International Expert Committee on Measles and Rubella Elimination in the Americas

In addition to the regional launch, national events took place across the Region, including in Antigua and Barbuda, Argentina, Cuba, the

Dominican Republic, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Suriname, Venezuela and many others. Many of these events counted on high levels of political participation, including the presence of first ladies, ministers of health and other high level government officials. Multiple international launches were also organized along bi-national and tri-national border, including between Honduras and Guatemala, Guyana and Suriname, Bolivia and Peru, Argentina, Brazil and Paraguay, Panama and Costa Rica and Panama and Colombia.

Photos of many of the launches and other country activities can be found here: http://www.paho.org/vwa/?page_id=15.

Country Communication Activities

As part of the celebration of VWA, many national immunization programs implemented specialized communication campaigns and targeted messages to spread immunization awareness. Most countries used the regional slogan, "Boost your power! Get Vaccinated!", but several countries chose to use the same superhero theme, but adapt the slogan. For example, Paraguay used the slogan: "Paraguay in Action, boost your power with vaccination" (Paraguay en Acción, refuerza su poder con la vacunación), spreading messages that independent of age, everyone should review their vaccination status, complete their schedule and boost their protection against vaccine preventable disease.



Paraguay's launching event, 2015

Panama and Peru were among the countries that used the regional slogan, but decided to create their own banners and posters (below), adapting the message, imagery and information to local audiences.



Countries throughout the Region utilized radio and television stations to air information and interviews with ministry of health staff about the benefits of vaccination, including in many English-speaking Caribbean countries and territories such as Anguilla, Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, St. Lucia and Turks and Caicos. In Grenada, the minister of health aired a radio and television address to the nation and there were also live media interviews held with the EPI Manager and a District Medical Officer which were aired on television and radio to encourage the acceptance of available vaccines among the population.

Health fairs were held in Suriname and the British Virgin Islands (BVI), among others. BVI also held a debate at a community college on the topic of vaccination being made mandatory. Guyana distributed brochures on vaccination and other health issues to the general public at a National Health Fair. St. Maarten held an open house for vaccination for children 2 months to 17 years including fun activities for children during the day. St. Lucia held educational sessions on immunization for parents in health centers followed by quizzes and prizes for the winners.



Barbados, VWA 2015



Grenada, VWA 2015

In Jamaica, approximately 1,200 stickers, 1,000 posters and coloring sheets were distributed for dissemination and edification of children receiving vaccinations during the week. Cayman printed pencils with the slogan "Boost your power: Get Vaccinated" and Bermuda printed coloring books for children to help promote the importance of immunization and to sensitize parents as well.

Haiti also approached VWA 2015 through the lens of communication and information dissemination. To order to sensitive different EPI actors and partners as to the status of the current immunization program, Haiti held a 1-day symposium during VWA which focused on the challenges and the perspectives of the EPI. The theme of the symposium was "Vaccination, the greatest contribution to the achievement of the MDGs."







St. Maarten, VWA 2015



Jamaican Children from Rousseau Primary School dressed as Superheroes, VWA 2015

Evaluation of the impact of communication campaigns: country examples

Countries were encouraged to evaluate the impact and extension of the messages transmitted through their VWA communication campaigns. Panama and the Dominican Republic were two of the countries that carried out small surveys. In Panama, ministry of health staff interviewed 650 individuals, the majority of whom (62.6%) were women of childbearing age (WCBA), followed by women aged 50-59 years (12.6%) and men aged 16-59 (11.2%). Of those interviewed, 521 (80%) had knowledge of a campaign and 471 (72%) had heard about a special vaccination activity. Of this latter group, 70% had heard about a "vaccination campaign", whereas 20% mentioned "Vaccination Week" in particular. Individuals received this information through printed materials, visits from community health workers, trips to health centers, over community megaphone announcements and via the radio and television, among other mechanisms. Upon hearing about the vaccination activities, 30% of individuals chose to wait to act, 25% reviewed their own or their child's vaccination card and 23% sought out vaccination services. In the Dominican Republic, 640 communication questionnaires were distributed to the public in commercial areas, parks and transportation terminals. A total of 63.13% of respondents were WCBA, 70% of whom reported that they had heard about a vaccination activity. 24.6% received this information through the visit of a vaccinator, 13.28% in a health center, 12.97% through community megaphones and 0.78% through written press.

Summary of Country Vaccination Campaigns

An incredible diverse array of activities take place each year under the umbrella of VWA, however most can be generally categorized according to the three strategic areas of PAHO's Regional Immunization Vision and Strategy (RIVS): namely efforts to (1) protect the achievements, (2) complete the unfinished agenda, or (3) confront new challenges.

While the implementation of VWA has become a normalized effort across the Region over the last 13 years, the organization of country campaigns still requires many months of planning and coordination across all levels of national health systems, and in many countries, both inter-governmental and inter-sectoral efforts. In 2015, countries reported on cooperative work being undertaken with entities including local community groups and mayors, churches, schools, social workers, professional associations, and local government workers, among others, to prepare for the implementation of VWA efforts.

Due to the depth, breadth and overlapping nature of many country efforts, the following section is not a comprehensive summary of VWA results, but intends to be instead a sampling of selected country achievements in 2015. Specific quantitative results of individuals vaccinated and antigens administered can be found in Tables 1 and 2. All data are based on country reports submitted to PAHO's regional headquarters prior to 11 December 2015.

- **1. Protecting the achievements:** polio eradication, measles, rubella and CRS elimination, completion of vaccination schedules, and hepatitis B and pertussis control
 - To maintain the eradication of polio in the Region and prepare countries for the final phase of the
 global eradication of polio (including the introduction of a dose of IPV during 2015 and the
 global switch from trivalent OPV (tOPV) to bivalent OPV (bOPV) in 2016, Cuba, Ecuador,
 Nicaragua, and Peru were among the countries that implemented mass polio vaccination
 during VWA 2015.
 - Cuba targeted children aged less than 3 years for their second dose of polio vaccine and provided booster doses children at 9 years of age. VWA 2015 marked the second phase of Cuba's 54th annual polio campaign.
 - Ecuador's national polio campaign took place during VWA. The specific objective of this campaign was to ensure coverage with OPV greater than 95% prior to the switch to bOPV. Ecuador targeted their population aged less than 6 years and utilized strategies include school-based vaccination, vaccination in health and recreation centers, in areas of high population concentrations and house-to-house vaccination in rural areas. The country was able to achieve 97.5% of their target goal, administering 1,982,021 doses.
 - Nicaragua indiscriminately vaccinated children aged 2 months to 4 years as part of their multifaceted national vaccination campaign in 2015. In total the country administered 711,903 doses of polio vaccine.
 - Peru targeted children from 2-4 years of age for an additional dose of OPV. As part of this effort, 510,792 were reached.
 - In Brazil, a symposium on polio eradication was held on April 28, 2015 as a joint event between Rotary International, who organized the event, with the support from the Pan American Health Organization and the participation of the Ministry of Health. Polio has been certified as eradicated from Brazil since 1994, but the isolation of a wild poliovirus in the São Paulo sewage network in 2014 and the regional variations observed in vaccination coverage have shown that the reemergence of the virus is still a viable cause for concern. The symposium

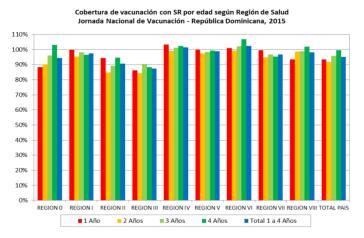


as an opportunity to highlight the victory over polio and the need for continued support from all stakeholders to ensure complete global eradication.

Polio symposium in Brazil, VWA 2015

 Multiple countries and territories in the English-speaking Caribbean, including Anguilla, Barbados, BVI, Dominica, Grenada, Jamaica, St. Lucia and Trinidad and Tobago took advantage of VWA to carry out training activities for health care workers, students, parents and community members on the upcoming introduction of IPV and the global switch in 2016. The Dominican Republic, Jamaica, Nicaragua, Peru and Uruguay were among the countries that focused on measles and rubella vaccination efforts as part of VWA 2015.

The Dominican Republic carried out their national follow-up campaign for the



"MR Coverage by Age Group and Health Region, National Vaccination Campaign, Dominican Republic, 2015"

sustainability of the elimination of measles, rubella and CRS. The campaign utilized indiscriminate extramural vaccination with MR vaccine for children aged 1-4years and was spurred on by coverage estimates indicating that 780,000 children in this age range remain susceptible to these diseases in the country. Vaccination was conducted nationwide through more than 1,800 vaccination posts, in addition to outreach to difficult-to- reach communities, daycare centers and elementary schools (in coordination with the Ministry of Education). At the national level, 95.1% coverage was reached and more than 740,000 doses of MR vaccine were administered.

- o In Jamaica, one of the main thrusts of VWA was to complement and enhance the activities of the measles prevention campaign to ensure that all children were adequately vaccinated for their age. Vaccinations were given at health centers and in schools; during the week 400 doses of MMR1 were administered as well as 3,848 doses of MMR2.
- In March in Nicaragua, a MMR campaign was held, based on the outbreaks in the US,
 Canada and Mexico; this campaign extended into VWA in order to vaccinate the entire cohort of children aged 9 months.
- Peru concentrated on vaccinating adult populations against measles and rubella, including indigenous communities, rural populations who are excluded or in situations of vulnerability, border populations, people living in areas with large influxes of tourism, airport workers and workers in other transportation hubs, hotel staff, people in the tourism industry and populations aged 29-38 who were not vaccinated in 2006
- Uruguay provided vaccination with MR vaccine to people born between 1965 and 1987 (except pregnant women) and travelers who could not show having previously received 2 doses.
- Thirteen Latin American countries (Argentina, Bolivia, Brazil, El Salvador, the Dominican Republic, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela) took advantage of VWA 2015 to intensify activities of the routine national immunization programs and systematically administer multiple antigens to update and/or complete the vaccination schedules of children (generally) less than 5 years of age. Countries frequently prioritized children living in hard-to-reach areas, including rural and border zones, and in indigenous communities. Common strategies utilized included institutionalized vaccination with extended hours of operation of health centers and intensified social mobilization, fixed and mobile vaccination posts, and vaccination brigades traveling house-to-house. Specific examples of country results include:

- In Argentina, a diverse array of different activities were conducted across all Argentine provinces, including completing schedules in schools and through house-to-house visits and university-based vaccination of students. Outreach in public areas including plazas, shopping malls, senior centers and banks, among other locations was also carried out. A visit was also made to a rural Mennonite community and indigenous communities to complete schedules.
- In Brazil, VWA traditionally coincides with the Month of Vaccination of Indigenous Peoples. The national effort aims to update the immunization schedule of individuals living in 1,373 remote native villages in 34 Special Indigenous Health Districts (DSEI). Prioritized age groups during the month include: children up to four years, WCBA and the elderly. Approximately 3,000 health professionals are involved in this logistically-intensive effort, about half of whom are indigenous health agents.
- efforts to updating schedules with all the vaccines in the routine program, including BCG, hepatitis B, rotavirus, pentavalent, DPT, polio,



Promotional poster for Brazil's Vaccination Month for Indigenous Communities

- MMR, DPT and pneumococcal conjugate vaccines. This effort resulted in capturing children with delayed schedules, including 387 children from 1-5 years who received their 1st, 2nd or 3rd dose of pentavalent vaccine and 413 children of the same age range who received their 1st, 2nd or 3rd dose of polio vaccine.
- In Guatemala, VWA focused on closing gaps and updating schedules, including active case searches for children pending vaccination. A total of 189,653 doses of multiple antigens were administered; of these, 13,165 doses corresponded with late schedules.
- O Honduras celebrated their 35th National Vaccination Campaign in 2015. In their preliminary report, the country had reached 59% of the susceptible target population, including coverage of 162% for BCG, global coverage of 95% for the 1st-3rd doses of polio, pentavalent and pneumococcal vaccine, 89% for the 1st and 2nd doses of rotavirus and 104% for MMR vaccine.
- One of the focal areas of VWA activities in Panama included increasing coverage in priority areas among children less than one year and updating schedule among the population aged 1-4 years. Decisions on prioritized areas were based on the following factors: the presence of malnutrition, the population weight of children less than 1yr of age, areas that are difficult to reach geographically, indigenous areas, areas with epidemiologic silence, urban populations, poor populations, large amounts of migration and tourism, areas with risk of neonatal tetanus and areas with high levels of defaulters and low coverage for several tracer vaccines (pentavalent, hexavalent or MMR). Supervision of the campaign undertaken by so called national godparents or "Padrinos Nacionales". In total 209,532 doses of vaccine were administered among a captive prioritized population of 103,615. A total of 90,181 completed schedules were also confirmed.

o In Paraguay, the Ministry of Public Health and Wellbeing focused on updating the schedules of students and teachers in both public and private schools in all 17 departments and in the capital of Asuncion during VWA. An agreement for interinstitutional cooperation with the Ministry of Education and Culture was signed to promote vaccination in the educational community and VWA aptly concluded on 30



April, or the national "Day of the Teacher." Schools were seen as a portal through which to reach entire Paraguayan families and intensified vaccination campaigns were completed to improve coverage across all age groups, ranging from children less than 1 yr of age to the elderly. In total, 3,200 children less than 1 year began their vaccination schedule during VWA 2015 and 10,544 completed it, an improvement from prior years. As part of the campaign's communication activities, an email was set up:

consultasydudaspai@gmail.com, for the population to write in their questions concerning vaccinations and have them

answered in real time.

- In Peru, strategies utilized during VWA included house-to-house vaccination, fixed posts (both intra and extra institutional) and vaccination brigades in local communities. A total of 4, 512 children aged 1 year received their 1st, 2nd or 3rd dose of pentavalent vaccine, as did 757 children aged 3 years.
- In Venezuela, VWA activities were part of the "National Plan to Increase Coverage" (Plan Nacional de Aumento de Coberturas) and lasted for approximately a month. The national slogan was "Get vaccinated as a family to stay healthy" (Vacunarnos en Familia es Mantenernos Sanos). Target groups were of all ages, with emphasis on populations living in 129 municipalities (representing 38.51% of the municipalities of the country) that had not achieved coverage greater than 80% in 2014. In total 3,770,445 people were vaccinated at the national level, which represents 96.83% of the established goal. A total of 1,284,635 vaccinated individuals corresponded to those living in the prioritized municipalities. 125 of the 129 priority municipalities were able to achieve their minimum vaccination goal, and 100% achieved their minimum vaccination goal for the population group aged 0-5 years. During VWA 2015, more people were vaccinated and more doses were administered than any other year since VWA 2003 (5,918,061 doses).
- In twelve countries and territories of the English, Dutch and French-speaking Caribbean (Anguilla, Barbados, BVI, Dominica, Grenada, Guyana, Montserrat, St. Lucia, St. Maarten, Suriname, Trinidad and Tobago and Turks and Caicos) efforts were undertaken to complete schedules and offer booster doses to school-aged children and other age groups. Some examples include:
 - Anguilla undertook mop up vaccination in all health centers of children 0-5 year old age group and the elderly, as well as vaccination of school-aged children at the island's Comprehensive School (3rd booster DT and OPV).
 - In Barbados, the polyclinics conducted two open days where vaccine posters and information were on display and vaccine defaulters were encouraged to come in and be immunized.
 - o In BVI, vaccination mop-up activities were held and a total of 116 doses of varying vaccines such as Varicella, DT(A), MMR, Influenza, pentavalent, OPV, meningococcal, pneumococcal and hepatitis B were given to 103 individuals. BVI reported that administrative coverage for MMR 2 increased by 9.9% during the week.

- Guyana conducted outreach vaccination to remote areas of their Hinterland (the country's interior).
- In St. Lucia, VWA efforts focused on the reaching children aged 1 5 years not fully immunized in all districts. During the initiative, health care workers actively reviewed registers and tracked defaulters for vaccination through catch-up vaccination sessions.
- In Suriname, outreach vaccination sessions were done in primary schools (HPV) and in the interior of the country. HPV vaccination was supported by Rotary International and the Medical Mission was in charge of outreach activities in the Hinterland. In the Amerindian Region of Suriname, special attention was paid to vaccination with MMR. Through the Medical Mission, some 622 doses of pentavalent, OPV, DTP, DT, hepatitis B and yellow fever vaccines were given to 521 persons. A total of 110 school girls received the HPV and 588 doses of MMR were given to Amerindian communities.
- In Trinidad and Tobago, HPV vaccination targeted women ages 11-45 and men ages 11-26. Vaccination outreach sessions to complete schedules were conducted in many public spaces, including churches, banks, supermarkets, private businesses and plazas, among others. School immunizations occurred in five primary and secondary schools and health centers also hosted walk-in immunization clinics, health fairs and open houses, administering all antigens.
- In order to advance universal access to **hepatitis B** vaccine, Peru vaccinated populations from 5-59 years as part of VWA 2016.
- 2. **Completing the unfinished agenda**: improving vaccination coverage against seasonal influenza, yellow fever, and maternal and neonatal tetanus in high-risk, isolated, border, and indigenous populations, and protection of occupational risk groups
 - Countries including Argentina, Brazil, El Salvador, Grenada, Guatemala, Honduras, Panama and Uruguay were among those who took advantage of the timing of VWA 2015 to implement vaccination campaigns against seasonal influenza in preparation for increased viral circulation during their winter seasons.
 - As in prior years, Brazil conducted a massive influenza campaign targeting children between 6 months and 5 years, pregnant and postpartum women, health care workers, the elderly, indigenous groups, populations with chronic illness, prisoners and prison staff members, among others. In total, more than 43.5 million doses of influenza vaccine were administered. Other data of note: during VWA in Brazil (influenza vaccination and the Month of Vaccination of Indigenous Peoples) a total of 240,000 health workers participated in extramural activities; the country counted on 65,000 functioning health posts; 27,000 trips over land, sea and river routes were taken and 54,000,000 doses of vaccine were acquired and distributed.
- Prevention of maternal and neonatal tetanus through the vaccination of women of childbearing age (WCBA) against tetanus/diphtheria (Td) was part of the focus of several countries' efforts including:
 - El Salvador vaccinated 61,766 WCBAs with Td or Tdap during VWA. A total 1,539 doses corresponded to the first time a woman had received this vaccine (including 12 pregnant women). The country also targeted men, vaccinating 33,652 men aged 12-18 years with Td.
 - Honduras administered 188,622 doses of Td during VWA to pregnant women and to adolescents and young adults at 11 years, 21 years and 22 years of age. Honduras was able to capture and vaccinate 11,922 pregnant women with their first dose of this vaccine.
 - Nicaragua targeted women (and men) ages 10 and 20 years for Td vaccination, administering a total of 77,1739 doses.

- Peru vaccinated WCBA from 10-17 years with Td vaccine. A total of 1,920 pregnant adolescents received their first dose of Td vaccine as part of these efforts. Peru also vaccinated men, ranging in age from 10 year to 60+.
- To prevent against both neonatal tetanus and pertussis, Uruguay targeted women between their 28th and 36th week of pregnancy for vaccination with Tdap as part of VWA.
- Outreach vaccination targeting population groups at risk of preventable disease
 due to their occupation was also undertaken in countries and territories such as in Argentina. In
 one Argentine province individuals who work burning garbage were targeted for vaccination. Other
 provinces vaccinated in areas with high population concentrations, including seeking out farmers
 attending a calf Expo.
- **3. Confronting new challenges:** introducing new vaccines, strengthening of occupational capacity and infrastructure and using VWA as a platform for integrated interventions
- To strengthen the capacity of health care workers, in 2015, Uruguay carried out academic activities with health professional students on the subject of vaccines and immunizations. Both Argentina and Jamaica carried the idea of strengthening capacity to professionals outside of the health by collaborating closely with the education sector. In Argentina, information on VWA and educational materials for teachers on vaccination were included on the Ministry of Education's webportal, which receives approximately 2 million views monthly. In Jamaica, the focus was on training Ministry of Education/Early Childhood Commission officers on the importance of children being appropriately immunized for age prior to school entry and the revised immunization schedule for MMR2.
- Many countries have a history of integrating other preventative health interventions as
 a part of VWA. In 2015, 13 countries and territories reported that they continued to expand upon
 the use of VWA as a platform for integration. Examples include:

Barbados	Vaccination outreach sessions integrated screening for chronic diseases, demonstration of breast examinations, HIV counseling and testing and education on asthma, food safety, vector control and chronic diseases.
Brazil	More than 50,000 preventative interventions were administered during Vaccination Month for Indigenous Communities, including nutritional assessments, dental care, rapid HIV testing, prenatal visits and laboratory and clinical examinations.
British Virgin Islands	Interventions included blood pressure measurement, education on meal planning for diabetic patients, HIV testing, disease prevention through vector control and food hygiene practices.
Dominica	Breastfeeding promotion and curative services were integrated with the identification and vaccination of dropouts.

Dominican Republic	Children aged 1-14 years were dewormed in coordination with the National Program of Parasitology. Children were treated at heath centers and in schools.
Guatemala	Coordination with daycares to plan vaccination and micronutrient supplementation.
Guyana	During the National Health Fair (in which 300 persons accessed services), screening for diabetes and hypertension was conducted, in addition to and health promotion talks on sexual and reproductive health, cancers and healthy diets.
Honduras	Vitamin A supplementation to 22,099 children aged less than 1 year, 208,240 children aged 1-4 years and 9,404 postpartum women. Additionally, 177,464 children aged 2-4 years received deworming medication, in addition to 3,152 chicken farmers. In the 6 months leading up to VWA 45,305 children were dewormed, these children were not retreated.
Montserrat	During the annual School Health Program students had complete physical examinations and screening tests as well as vaccinations. A mini health fair was also held which included breast examinations, BMI screening, foot care for diabetics and Pap smears, in addition to immunization.
Nicaragua	Vitamin A supplementation of 1,549,130 children and deworming of 1,539,901 children aged 2-12 years.
Panama	7,387 children aged less than 5 years received vitamin A supplementation and during the VWA launch on 22 April, students from the University of the Americas provided blood pressure screening and passed out dental health kits. Promotional material for the prevention of obesity was also handed out. The EPI also coordinated with the Department of Zoonosis to vaccinate 5,820 pets during VWA, as well as with the Department of Social Work to have social workers screen for violence during the campaign (2,186 screenings). Additionally, dental care was provided to 8,531 individuals (toothbrushing technique demonstrations, flouride applications and educational efforts). Efforts to prevent dengue and chikunguya were also undertaken.
St. Lucia	Diabetic and hypertensive clinics were used as platforms for promoting the influenza vaccine during VWA

Table 1. People Vaccinated, by Target Population and Country or Territory, VWA 2015

				> 5 to 18		>60 years		High risk		
Country	0-12 months	1-4 years	<5 years	years	WCBAs Td	influenza	Adult MR/MMR	occupations	Others/Unspecified	TOTAL
Anguilla				215						215
Antigua & Barbuda										
Argentina				466,726 doses of	of vaccine admi	nistered, but not di	saggregated by pop	ulation group		
Aruba										
Bahamas										
Barbados	_		Vac	cination results dur	ing community	outreach sessions	not disagregated by	y population groups		
Belize										
Bermuda				Info	rmation, educa	tion and communic	ation (IEC) activities	3		
BES Islands (Bonaire, St. Eustatius and Saba)										
Bolivia										
Brazil 1			10,195,203			18,252,279		3,841,367	11,288,863	43,577,712
British Virgin Islands										103
Canada				Info	rmation, educa	tion and communic	ation (IEC) activities	3		
Cayman Islands							ation (IEC) activities			
Chile							,			
Colombia										
Costa Rica										
Cuba			373,962	111,323						485,285
Curação			·							
Dominica										
Dominican Rep.		740,971								740,971
Ecuador ²			1,982,021							1,982,021
El Salvador ³	42,534	142,730			61,766	135,757		14,138	92,123	489,048
Grenada		·							738	738
Guatemala ⁴	43,684	39,958			14,468	2,451		6,068	21,583	128,212
Guyana	,		ation during a N	ational Health Fair			ns to remote areas.	•		•
Haiti			<u> </u>				ation (IEC) activities		•	
Honduras ⁵	52,928		52,028		188,622	434,376	, , , , , , , , , , , , , , , , , , , ,	30,628	297,787	1,056,369
Jamaica	- ,		4,248			- ,		,	. , , , ,	4,248
Mexico			9,548,857		575,843					10,124,700
Montserrat ⁶			149		-,-				187	336

Country	0-12 months	1-4 years	<5 years	> 5 to 18 years	WCBAs Td	>60 years influenza	Adult MR/MMR	High risk occupations	Others	TOTAL
Nicaragua ⁷			711,903		771,739					1,483,642
Panama ⁸	5,940	17,750		6,075	22,212	7,459		3,540	2,746	65,722
Paraguay ⁹	28,854	567,922		89,805		115,834			515,537	1,317,952
Peru ¹⁰	122,883		86,157	14,725	37,014			57,800	1,424,744	1,743,323
St. Kitts and Nevis										
St. Lucia										
St. Maarten										64
St Vincent and the Grenadines										
Suriname			588	110						698
Turks and Caicos			185							185
Trinidad & Tobago		Vac	cination results	during community	outreach, scho	ol and clinic immur	nization sessions no	disagregated by po	opulation groups	
United States										
Uruguay ¹¹			5,483			18,792		7,541	2,663	34,479
Venezuela ¹²			1,161,353	328,466	398,772	121,443			1,760,411	3,770,445
TOTAL	296,823	1,509,331	24,122,137	550,719	2,070,436	19,088,391	0	3,961,082	15,407,382	67,006,301

- 1. In Brazil, "others/unspecified" refers to influenza vaccination of the following groups: pregnant and post partum women, indigenous communities, individuals with chronic illness, prisoners and prison staff and other age groups.
- 2. In Ecuador, the national polio campaign targeted the population aged less than 6 years.
- 3. In El Salvador, "others/unspecified" refers to vaccination of men aged 12-18 years with Td and the vaccination of pregnant women and individuals with chronic illness with seasonal influenza.
- 4. In Guatemala, "others/unspecified" refers to vaccination of pregnant women and individuals with chronic illness with seasonal influenza.
- 5. In Honduras, "others/unspecified" refers to accination of pregnant women and individuals with chronic illness with seasonal influenza, as well as other miscellaneous population groups who spontaneously requested the vaccine.
- 6. In Montserrat, "others/unspecified" refers to doses of Td vaccine, where no population group was specificed.
- 7. In Nicaragua, Td was administered to both women and men, however data was not disaggregated by sex.
- 8. In Panama the category "WCBAs Td" included vaccination against influenza and MR, as doses were not disaggregated.
- 9. In Paraguay, "others/unspecified" refers to adults aged 15-49 years vaccinated against seasonal influenza and more than 357,000 individuals whose age groups were not clearly referenced.
- 10. In Peru, "High risk occupations" included men ages 10-60+ who were vaccinated with Td vaccine and "Others/Unspecified" includes population aged 18-59 years vaccinated against Hepatitis B and more than 1.35 million individuals of unspecified population groups.
- 11. Partial information and only corresponding to the influenza campaign. Data from Uruguay for children <5 years and elderly adults only reflects the week of VWA, and not the entirety of the campaign.
- 12. In Venezuela, "others/unspecified" refers to the vaccination of all population groups aged 11 year or older (with the exception of WCBAs with Td or older adults with influenza) Data was not disagregated any further by population groups.

Table 2. Number of Doses Administered by Antigen and Country or Territory, VWA 2015

										Polio								
Country	MMR	MR	DTP	DT	Td	тт	Hib	Нер В	Penta- valent	(OPV & IPV)	BCG	YF	Influenza	RV	Pneumo	HPV	Varicella	Other
Anguilla				215						215								
Antigua & Barbuda																		
Argentina													131,758					334,968
Aruba																		
Bahamas																		
Barbados					180								78				4	
Belize																		
Bermuda	Information, education and communication (IEC) activities																	
BES Islands (Bonaire, St. Eustatius and Saba)																		
Bolivia																		
Brazil													43,577,712					
British Virgin Islands		116 d	oses of var	ying vaco	ines such a	s Varice	ella, DT(A), MMR, In	fluenza, pentav	alent (DPT/Hi	b/HepB), C	DPV, Meni	ingococcal, Pne	eumococcal	and Hepatitis	B were admi	nistered.	
Canada		116 doses of varying vaccines such as Varicella, DT(A), MMR, Influenza, pentavalent (DPT/Hib/HepB), OPV, Meningococcal, Pneumococcal and Hepatitis B were administered. Information, education and communication (IEC) activities																
Cayman Islands								Inform	ation, educatio	n and commu	nication (IE	C) activit	ies					
Chile																		
Colombia																		
Costa Rica																		
Cuba										485,285								
Curaçao																		
Dominica																		
Dominican Rep.		740,971																
Ecuador										1,982,021								
El Salvador	18,448		8,296		95,417			7,132	45,106	46,307	7,640	654	393,630	16,794	24,901			
Grenada	31		9	30	738			38		43			595					
Guatemala ¹	9,449		23,352		14,468			3,446	38,649	58,385	7,214		67,641	17,325	31,833			
Guyana				Vac	cination dur	ing a Na	itional H	ealth Fair ar	nd outreach vac	ccination sess	ions to rem	ote areas	. Complete dat	a by antiger	unavailable.			
Haiti								Inform	ation, educatio	n and commu	nication (IE	C) activit	ies					
Honduras	18,572		52,028		188,622				54,353	78,439	16,059		762,791	32,962	52,873			
Jamaica	4,248																	
Mexico ²	194,573	32,688	142,662		635,229			348,924		9,548,857	87,724			262,995	313,964	1,090,49 3		373,135
Montserrat	81			60	187		<u> </u>	32		149								

Country	MMR	MR	DTP	DT	Td/Tdap	п	Hib	Нер В	Pentavalent	Polio (OPV & IPV)	BCG	YF	Influenza	RV	Pneumo	HPV	Varicella	Other
Nicaragua	40,363	37,464	115,639		771,739				64,824	711,903				44,209	55,747			
Panama ³	6,627		1,236		5,824				197	3,455	639		35,257	2,643	10,649	1,556	1,236	83,637
Paraguay⁴	19,291	399	17,505		55,505				28,854	45,841	10,441	9,549	386,356	18,944	35,516	89,525	15,700	9,241
Peru	71,424		67,195	23	94,814		31	143,878	128,152	685,975	41,762	31,382	62,815	79,680	124,016			
St. Kitts and Nevis																		
St. Lucia																		
St. Maarten⁵	22							9							5	6		38
St Vincent and the Grenadines																		
Suriname ⁵	588															110		622
Turks and Caicos	185			137						137								
Trinidad & Tobago ⁶	894	45		1,946			19	1,574	188	364		471	2,075		296	1,483	85	17
United States								Information,	education and co	mmunication ((IEC) activit	ies						
Uruguay													69,881					
Venezuela ⁷	553,271				874,468			535,106	545,494	594,318	95,001	273,175	1,945,991	137,164	293,372			70,701
TOTAL	938,067	811,567	427,922	2,411	2,737,191	0	50	1,040,139	905,817	14,241,694	266,480	315,231	47,436,580	612,716	943,172	1,183,173	17,025	872,359

- 1. Partial data
- 2. "Other" in Mexico is DTaP-IPV-Hib.
- 3. In Panama, MMR and MR doses administered are recorded under the MMR category. "Other" included hexavalent vaccine, tetavalent vaccine and hepatitis A vaccine, as well as doses that were not disaggregated by antigen (73,035).
- 4. "Other" in Paraguay is Hepatitis A vaccine.
- 5. "Other" in St. Maarten is DTaP-IPV-Hib (8 doses) and DT-IPV (30 doses)
- 6. "Other" in Suriname is a combination of pentavalent, OPV, DTP, DT, Hepatitis B and Yellow Fever vaccines that were not disaggregated by type.
- 7. "Other" in Trinidad and Venezuela refers to the meningococcal vaccine

Evaluation Efforts

Some countries and territories reported results based on VWA's standardized indicators. Examples include:

Indicators for the intensification of vaccination in at-risk areas

- ✓ Number and percentage of children 1-4 years of age that received their first, second, and third doses of DTP/ Pentavalent (to measure delayed vaccination schedules that were started, advanced or completed during VWA)
 - El Salvador: 72 children aged 1 to less than 5 years received their 1st dose of pentavalent, 89 received their 2nd dose and 226 received their 3rd dose.
 - O Guatemala: 331 children aged 1 to less than 6 years received their 1st dose of pentavalent, 564 received their 2nd dose and 1,284 received their 3rd dose.
 - Honduras: the percentage of children aged 1-4 años missing their 1st, 2nd and 3rd dose of pentavalent vaccine was 1% (1,425) in relation to the 98,538 targeted for these vaccinations.
 - Nicaragua: 19,292 children received their 1st dose, 22,248 received their 2nd dose and 23,580 received their 3rd dose
 - O Panama: 93 children (0.6%) received their 1st dose, 177 (1.1%) received their 2nd dose and 297 (2%) received their 3rd dose
- ✓ Number and percentage of women of childbearing age (WCBA) who were vaccinated with the first dose of Td vaccine in at-risk municipalities
 - El Salvador: 12 pregnant women received their first dose of Td, 1,527 WCBA who were not pregnant received their first Td dose
 - O Guatemala: 8,808 WCBA received first dose of Td.
 - Honduras: 11,922 pregnant women were vaccinated with their first dose of Td.
 - Nicaragua: 74,095 women aged 10 years, 10,542 pregnant women aged 20 years (first pregnancy) and 42,720 women aged 20 years (non-pregnant).
 - o Paraguay: 8,051 WCBA received their first Td dose during VWA 2015
- ✓ Percentage of municipalities with plans for a second and third round of vaccination to complete schedules after VWA
 - Panama and Paraguay: 100%
- ✓ Number of health workers that participated in VWA outreach activities

O Nicaragua: 10,363

O Uruguay: 160

Indicators for specific extramural campaigns

- ✓ Percentage of Rapid Coverage Monitoring (RCM) in which vaccination coverage for (measles-rubella, polio or another vaccine) is less than 95%
 - o 2% (20/980) of RCM

Indicators for surveillance

✓ Number of suspected cases of measles/rubella and acute flaccid paralysis (AFP) that were identified by active community search and that were already known by the system.

Panama: 0 cases

Political priority indicators

- √ Number of authorities that participated in launching events (international, national, regional or local)
 - o Panama: 133 National authorities, 84 regional authorities and 150 local authorities
 - Uruguay: 5 authorities (minister and vice-minister of public health, director general and subdirector of the Ministry of Public Health and the president of the Pediatric Society of Uruguay).
- √ Number of community or religious leaders that supported the celebration of VWA
 - O Nicaragua: 29,598 individuals
 - o Panama: 19 religious leaders
- √ Number and type of partnerships formed with the private sector, NGOs, religious leaders, etc.
 - O Nicaragua: 496 Alliances
 - Panama: 5 partnerships with religious leaders (Catholic and Protestant churches), 6 partnerships within the government and 5 partnerships with the private sector
 - Uruguay: contacts were established with the Social Secutiry Bank (Banco de Previsión Social), the
 presidential program "Uruguay Grows with You" (Uruguay Crece Contigo), the Uruguayan Society
 of Pediatrics and the Spanish Association (a key provider of public health services).

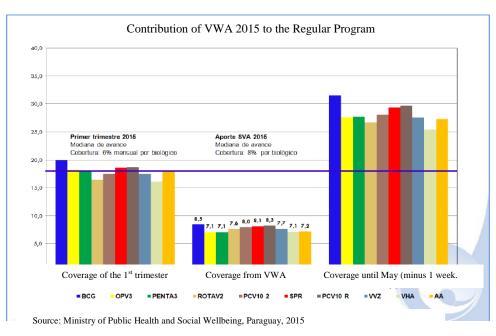
Training indicators

- √ Number of forums, seminars or conferences held during VWA
 - o Panama: 1 national workshop, 14 regional workshops and 24 local level meetings
 - O Uruguay: 2- a videoconference and a workshop
- ✓ Number of health workers that received training during VWA
 - Nicaragua: 29,598
 - Panama: approximately 1,500
 - O Uruguay: 50

Information dissemination and media indicators

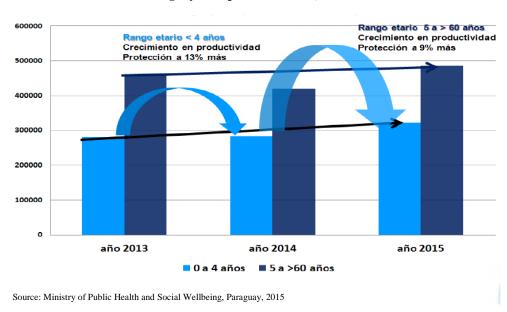
- ✓ Percentage of people interviewed in previously selected areas who are aware of VWA;
 - o Nicaragua: 100%
 - o Panama: 80%
- ✓ Number of VWA television spots that were broadcast on national or local television stations
 - o Panama: 6
- ✓ Number of radio announcements that were played on national or local channels
 - O Dominica: public service announcements on 4 stations
 - o Panama: 9 national and 14 regional
- √ Number of journalists informed about the objectives and benefits of VWA
 - o Panama: 13

Countries also evaluated the impact of VWA in terms of increases in coverage, when compared to other months of the year. In **Paraguay**, during the first trimester of the year, coverage increased by approximately 6% per month for 10 different types of vaccines (children aged less than 3 years). However, during VWA, despite the fact that campaign strategies focused primarily on vaccination in schools, coverage for this younger age group increased for each vaccine to a median of 8% (2% more than the coverage reached in the first 3 months of the year), likely due to the reinvigoration of the immunization program through the initiative. These results reinforce the fact that the country's strategy to reach whole families through schools was successful.



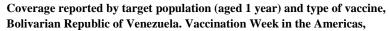
Results of Vaccination Week in the Americas 2015 in Paraguay

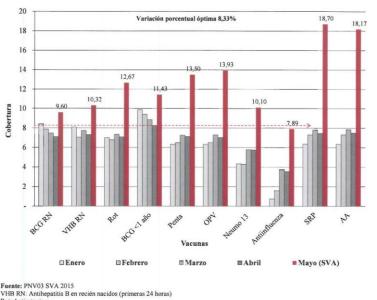
Increases in coverage were also observed when comparing the results of VWA in 2013, 2014 and 2015. Steady increases in the number of vaccines administered to children aged 0-4 were observed between 2013 and 2015 (13%) and between the population group aged 5 years to greater that 60 years (9%).



VWA in Paraguay: comparison of 2013, 2014 and 2015

In Venezuela, VWA activities began at the end of April and extended until May 31st. Coverage analysis also showed distinct increases during the month of May (red bars), when compared to the prior 5 months of the year, across 10 biologicals. The monthly increase in coverage in May even exceeded the optimal monthly increase of 8.33% for all vaccines (with the exception of influenza) which is needed in order to achieve 100% coverage at the end of the year. Therefore, VWA represented an opportunity in Venezuela to reinvigorate and recover coverage lost during lower performing months.





Rot: Antirotavirus

Source: Ministry of Popular Power for Health, Venezuela

Conclusion

VWA resonated throughout the Region again in 2015 as a key effort to strengthen national immunization programs and reinvigorate population interest in the "power of vaccines". The countries and territories of the Americas implemented a wide ranging variety of campaign efforts in 2015 and enthusiastically implemented diverse and creative superhero-inspired communication activities. Such efforts would not have been possible without the dedication and hard work of thousands of health workers across the Americas. Looking ahead to 2016, the global switch from tOPV to bOPV is now slated to occur during the period of VWA (and WIW). With the world's attention focused on vaccination, this time period has been deemed a perfect opportunity for global coordinated action that will lead the world closer to polio eradication.

Photos

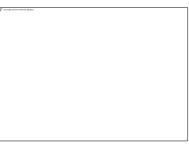






Anguilla Barbados







Argentina







Colombia









British Virgin Islands

Guyana







Cuba







Guatemala







Grenada







Haiti







Honduras







Jamaica







Nicaragua









Panama







Dominican Republic







Paraguay









Peru







St. Maarten

St. Lucia







Suriname

Suriname - Guyana







Uruguay







Venezuela