Maintaining Paraguay’s Expanded Program on Immunization in the Context of COVID-19

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[Website Link]

Within the framework of the COVID-19 pandemic, Paraguay’s Expanded Program of Immunization (EPI) has implemented a series of measures aimed at maintaining the functioning of vaccination centers in the country with technical cooperation from PAHO/WHO and support from the country’s National Immunization Technical Advisory Group (NITAG). These measures included: developing technical operational guidelines based on PAHO/WHO recommendations; relocating vaccination centers outside of medical offices, or even outside of health services; scheduling the population for vaccination; and disseminating communication messages to promote the importance of vaccination.

Equipment and supplies, like personal protective equipment, sinks, and tents serving as temporary vaccination posts in services with the highest patient demand that do not have sufficient infrastructure, have been provided to ensure compliance with infection prevention and control measures, environmental and hand hygiene, and social distancing. In the case of the Chaco departments, where there is greater demand from indigenous populations and limited availability of water, sinks will be provided and designed to avoid water wastage.

With these measures, 100% of vaccination centers can stay open and parents and caregivers can have their children vaccinated in safe environments. Immunization service interruption during
the COVID-19 pandemic could lead to a resurgence of diseases like measles, polio, and others, that can be prevented with safe and effective vaccines.

Paraguay has been free from these diseases for more than three decades. Additionally, if outbreaks from these diseases were to occur, the burden on health services would increase even more than it has due to the pandemic.

Note: Between April and June 2020, the EPI carried out seasonal influenza vaccination, aimed at protecting the at-risk population and reducing the burden on health services. More than 1,208,256 doses were administered using different strategies, and no COVID-19 cases have been reported related to this activity.
Virtual Ad Hoc Meeting of PAHO’s Technical Advisory Group (TAG) on Vaccine-preventable Diseases Held to Discuss COVID-19 in the Region of the Americas

Cuauhtemoc Ruiz Matus, Nathalie El Omeiri, Octavia Silva, PAHO-Washington, DC

<table>
<thead>
<tr>
<th>Location</th>
<th>Virtual</th>
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<tbody>
<tr>
<td>Dates</td>
<td>4 August 2020</td>
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<tr>
<td>Participants</td>
<td>PAHO’s TAG Members (Peter Figueroa, Jon Andrus, Pablo Bonvehi, Roger Glass, Arlene King, Nancy Messonier, Jose Ignacio Santos, and Cristiana Toscano), as well as staff from PAHO’s Comprehensive Family Immunization (IM) Unit, PAHO’s Incident Management System, Public Health Emergencies (PHE) Department, and Revolving Fund for Access to Vaccines (RFV) program.</td>
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<td>Purpose</td>
<td>The objective of this meeting was to brief PAHO’s TAG members on the current situation of immunization programs in the context of the COVID-19 pandemic in the Region and present the PAHO’s progress in facilitating equitable access to COVID-19 vaccines and preparation for vaccine introduction and deployment.</td>
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Presentations at the meeting covered the following topics:

- COVID-19 in the Americas – an epidemiological situation update
- Situation of immunization programs in the Americas in the context of the COVID-19 pandemic
- Access to SARS-CoV-2 vaccines in Latin America and the Caribbean
- Regional guidance for planning the introduction of COVID-19 vaccines

These presentations incited lively discussion from the TAG Members, the recommendations from which will be published in the meeting’s final report. This final report is being finalized and will be published at [https://www.paho.org/en/tag/technical-advisory-group-tag-vaccine-preventable-diseases](https://www.paho.org/en/tag/technical-advisory-group-tag-vaccine-preventable-diseases)
Country Report Template Validation for the Sustainability of Measles, Rubella and Congenital Rubella Syndrome (CRS) Elimination in the Americas
Desiree Pastor, Gloria Rey, Pamela Bravo, and Cuauhtémoc Ruiz-Matus, PAHO-Washington, DC

Countries of the Region of the Americas are requested to present strong and compelling evidence regarding the sustainability of elimination in their territories and/or if they are ready to apply for re-verification of elimination, in the case of re-establishing endemic transmission.

As such, the Pan American Health Organization (PAHO) has developed a country report template to standardize the collection and analysis of evidence following the main components of the new Regional Framework for Monitoring and Re-verifying Measles, Rubella, and CRS Elimination, which was endorsed by PAHO’s Technical Advisory Group (TAG) on Vaccine-preventable Diseases in July 2019. Before being disseminated, the template was validated with 12 select countries within Latin America and the English-Speaking Caribbean in two separate online sessions.

In each session, managers from the immunization, surveillance, and laboratory technical areas were convened, in tandem with presidents of the National Sustainability Commissions (NSC) and the regional and national PAHO immunization advisors. Prior to the online meeting, PAHO sent participants the country report template and measles and rubella country profiles, which were filled out by PAHO with reported information on epidemiology, quality of surveillance, laboratory surveillance, and analyses of vaccinated population cohorts, through different official sources. The participants then were tasked with the following: 1) fill out the country profile template with their available national data and provide comments through a standardized format also provided by PAHO; 2) share feedback on the template with the NSC president and members in a written report; 3) prepare a 10-minute presentation for the online session.

Results from the validation yielded positive acceptance, given that the requested data is routinely collected and thus, available. Caveats included data from additional surveillance activities, such as active case finding and/or operational research (e.g., missed opportunity studies), which are not currently being conducted due to the COVID-19 pandemic. Countries agreed that the template collects all data required to document elimination sustainability and/or re-verification. They also recognized that the template would foster the use and correlation of national data, while addressing quality issues, tracking progress on sustainability activities implemented, and advocating for national resources for the sustainability of elimination.

Countries suggested that the template should describe the potential impact of the COVID-19 pandemic across the components of the Regional Framework, so that the plan of action for sustainability can address detected gaps in vaccination and surveillance. Countries also requested that when possible, data analysis should be done at the lower unit/sector (e.g., county, municipality/army forces, private sector) and that it should be expanded to include other politic
and socio-economic indicators, such as humanitarian crisis or homicide rates, for a better root analysis of low vaccination rates and surveillance performance under high risk situations.

Finally, countries agreed on the importance of documenting the lessons learned from measles outbreak control measures amidst the COVID-19 pandemic, with the purpose of improving the integration of control activities that minimize transmission during these two events.

PAHO will officially send the report template in October 2020. Upon the countries’ request, the filled template will be submitted to PAHO on 15 June 2021, for revision and approval of the Regional Measles and Rubella Commission.

**Frequently Asked Questions (FAQs) about COVID-19 Candidate Vaccines and Access Mechanisms, 27 August 2020**

*Alba Maria Ropero, Alba Vilajeliu, Cuauhtemoc Ruiz Matus, PAHO-Washington, DC*

A document listing and responding to 23 frequently asked questions on the topic of COVID-19 candidate vaccines and access mechanisms and distribution.