

Goals & Strategies-English-speaking Caribbean Countries, VWA 2011

Country	Target Population		Vaccines	Population Goal	Numeric Goal	Type of campaign	Strategies
Anguilla	1. Adolescents 2. Health care workers and other front line workers		1. Td, polio 2. Varicella, Td, Hep B, MMR	To fully immunize target population		Mop-up campaigns	Launching of EPI Manual
	Children 2-5 years of age who have defaulted on their schedule	Defaulters	Pentavalent, DPT, MMR, polio	To immunize defaulters		Complete schedules	Everyday from 8:30 am to 4pm in all of the clinics during VWA One-day workshop for managers (public health nurses) and selected senior nurses on ESAVI monitoring and reporting
	Community nurses  Ministry of Health facility	Lack of knowledge		To conduct a one-day ESAVI workshop for staff  To launch the EPI manual			Distribution of EPI Manual
Antigua & Barbuda	Entire population of Antigua and Barbuda	Population not aware of VWA		To engage the media to highlight Vaccination Week			
Aruba							
Bahamas	Vulnerable adult populations, children	Populations whose immunization status is not current, defaulters		To increase immunization awareness and coverage through immunization campaigns and social mobilization in order to achieve high immunization coverage and eliminate vaccine preventable diseases from the Region of the Americas		Immunization campaign, social mobilization	The Department of Public Health plans to focus on vulnerable adult populations whose immunization status is not current; visits to nurseries and daycares to identify and immunize defaulters. Also all clinics will conduct immunization defaulter sessions to increase coverage.
Barbados	Ages 3-7 years (approximately 2,000 children)	Low risk of contracting measles, mumps, and rubella in Barbados	MMR	Achieve 100% MMR coverage	2,000	Mop-up campaign for MMR 2 vaccine	Community-based outreach
Belize	Children 2-5 years of age	Susceptible children who have not completed immunizations schedule	MMR, DPT, and polio	Increase vaccination coverage among susceptible children	3,375	Social mobilization and catch-up	Outreach sessions in districts with lowest MMR coverage; visits to preschools and 1st year primary school.
Bermuda	General adult population Parents of defaulters	Defaulters		Increase public awareness			Communication
Bonaire	Increase population awareness regarding the importance of vaccination	General population	all EPI vaccines	Population education		campaign (booth during island-wide cultural activity, fliers with epi	
	Pre-schoolers Census department and health-care workers	Children under 5 years of age in day-care Migrant populations with incomplete/unknown vaccination schedules	DPT+HIB+Topv, MMR	Increase coverage in target population	500	Catch-up campaign department to obtain a list of migrant populations	
British Virgin Islands	Children birth-11m	Defaulters	OPV, Pentavalent	Improve/update coverage		Mop-up	Review clinic records/vaccination
	Children 1-4 years old	Defaulters	MMR	Update coverage		Mop-up	Clinic records search/public and private
	Identified groups		Hepatitis, diphtheria, tetanus	Ensure coverage		Mop-up	Vaccination/education
Cayman Islands							
Curacao	1. Children aged 6-9 years (vaccination activities) 2. General population (informational campaign)		MMR2	Sensitize the general population on the speed-up campaign for accelerated coverage of children aged 6-9 years with MMR		Information to general public	Social mobilization, printed material, public service announcement, outreach program for parents. Survey to evaluate vaccination campaign results.

	Adult population 19-35 years	Not immunized against hepatitis B	Hepatitis B	To immunize all who are not immunized		Outreach to clinics, communities and work places	
<b>Dominica</b>	14-18 years old	Persons who have not completed immunization against Hepatitis B	Hepatitis B	To continue the immunization of the target group (mop up)		Schools clinics community settings	School and clinic immunization activities outreach to youth groups, etc.
<b>French Guiana (doing EIW in conjunction with France)</b>	Documentation of measles and rubella elimination						
	General population			Heightened awareness and increased coverage			
	General population	Knowledge deficit on immunization		Heightened awareness and increased coverage			
	Media personnel	Occupational hazard	Influenza	50% coverage		Seasonal flu protection	Promotion of influenza
	District health staff and nurses at A&E Department at the General Hospital	Nature of occupation	Influenza	90% coverage of nursing staff		Seasonal flu protection	TB screening/Training of district nurses in Mantoux test administration
	Midwifery Students	Nature of occupation	DT, Hep B	Increased protection		Catch-up	
	Secondary School students aged 14-15 yrs	Incomplete series	DT, MMR, polio	Increased coverage		Catch-up	Health education sessions in school setting
	Solid waste workers	Nature of occupation	DT, Hep B	Increased protection		Follow-up	Health talks, BP screening
	Persons afflicted with chronic diseases	Compromised health status	Influenza	60% coverage among clinic attendants		Seasonal flu protection	Educational sessions to clients attending chronic disease clinics at public health facilities. Collaboration with Diabetes Association for screening at selected settings
	Farmers	Occupational hazard	DT	Increased protection among the farming community		Commencement/Follow-up	BP screening, educational sessions
	Immigration officers	Occupational hazard	Influenza	Increased protection		Seasonal flu protection	BP screening, BMI screening
	Form 3 Students			Increased knowledge			Essay competition
	Grenada Medical Association Members			Increased awareness of surveillances of ESAVI			Power Point presentation at monthly meeting
<b>Grenada</b>	Grenada Pharmacy Association Members	Limited knowledge of cold chain		Increased knowledge and adherence to cold chain maintenance			Power Point presentation at monthly meeting
<b>Guadeloupe (doing EIW in conjunction with France)</b>							
						outreach vaccination, school vaccination, community promotional activities	
<b>Guyana</b>	High risk groups, defaulters, children who have missed doses, shut-ins	Vulnerable groups who have not received all eligible vaccines	MMR, YF, Tdap, Td	To vaccinate vulnerable populations in Guyana			Mobile outreach, school-based activities, open days at clinics, walk-in days.
<b>Haiti</b>	Population living in low-coverage areas and in camps around Port au Prince	Vulnerable groups who have not completed their vaccination schedules	TBC	TBC		TBC	
<b>Jamaica</b>	Principals and teachers in early childhood facilities and primary schools throughout the island (approx. 350)	None	None	To improve compliance with the immunization regulation of the public health law requiring adequate vaccination of children for entry to schools.		Educational	Health education/promotion through sensitization workshops as well as media placements and releases.
<b>Martinique (doing EIW in conjunction with France)</b>	Documentation of measles and rubella elimination						

	Farmers, fisherman	Individuals working in fields, booster doses	Td			Follow-up	Outreach programs, field visits
	5-yr olds	Transferring to primary school	DT, MMR, polio			School health follow-up	Visit schools, follow-up at health centers
	15 yr olds	Booster doses due	Td, polio	To fully immunize target population		School health follow-up	School visits, clinic visits for school health
	Spanish speaking community	Language barrier, lack of vaccine cards	All antigens as necessary	To educate Spanish-speaking community		Regular clinic follow-up	Checking cards at visits, immunizing on site
<b>Montserrat</b>	At least 90% of the population	Study leave, travel history	As necessary (Hep B and YF)	To sensitize public to EPI program		Special clinics	Checking of cards, education of public, social communication
<b>Saba</b>							
<b>St. Bartholomew (doing EIW in conjunction with France)</b>							
<b>St. Eustatius</b>	Cohorts born between 1990-1995 1. Children and adolescents between ages 2-19 years (5% of population). 2. Adults population in reproductive years (20-49).		Hepatitis B			Administration of 2nd dose, Catch-up campaign	Radio spot
<b>St. Kitts &amp; Nevis</b>		Unimmunized population	2nd MMR	1. Achieve 100% vaccination coverage in children and adolescents. 2. Achieve above 95% in the adult population		Mop-up campaign	Link with the school health program Child health program Workplace
<b>St. Lucia</b>	pending						
	Children 0-17 years of age	Children with incomplete schedules				Vaccination outreach activity will be held in two districts, St. Peters at the Community Center and Cole Bay at the Charles L. Bell School between the hours of 18.00 until 20.00	Disseminate information on vaccination
	Children 0-17 years of age	Children with incomplete schedules		Increase coverage and to catch up		Open house	Disseminate information on vaccination
	Students 10-12 years of age			Assess circulating knowledge on vaccination and to provide an opportunity to promote vaccination information		Essay competition in the primary schools cycle 2	Disseminate information on vaccination and recognize at least three students for their contribution
	General public			Promotion of the existing vaccination program and adult vaccination/increase and maintain knowledge of vaccination in the community		Media campaign, distribution of flyers, brochures and interviews	Increase awareness on vaccination
<b>St. Maarten</b>	Staff of vaccination program			Training/reorientation for staff in vaccination program, schedule and data		Educational/refreshers course to emphasize the need to be attentive in regards to vaccination schedule and the need to maintain the identified schedule of correct/accurate data analysis of the data	Strengthen vaccination knowledge amongst responsible group.
<b>St. Vincent and the Grenadines</b>	Farmers, nursing students, construction workers		Hep B, Td	To fully immunize target population	1,158		National Immunization fair, National Immunization essay competitions, Daily Health Word, Staff Award

	950 children in the communities with vaccination coverage for all antigens < 95%; 250 Rayon I (All 6 clinics), 175 Rayon IIA (Derde Rijkweg, Flora, Welgelegen), 180 Rayon III (Latour, Livorno, Pontbuiten, Domburg), 40 Rayon IV (Zanderij), 90 Rayon V (Meerzorg, Ellen, Alkmaar, Tamanredjo), 100 Rayon VI (Albina, Wonoredjo, Bernharddorp), 40 Rayon VII (Groningen, Tijgerkreek), 70 Rayon VIII (Coronie, Wageningen, Nw Nickerie)	Trans-migration: • Inter districts • Intra districts • Hinterland and City • Suriname and French Guyana	• Pentavalent (D,P,T,HepB, Hib) • OPV • MMR	Achieve 95% vaccination coverage or higher, in urban/peri-urban communities with low vaccination coverage	950	Mop-up campaign	Link with the School Health Program
	340 children (0-5 yr) in Brokopondo district (rural,hinterland)	• Transportation issue/geographic accessibility issues prevent parents to visit the health facility. • Low coverage area	Idem, including Yellow Fever	Idem, in rural hinterland communities	340	Catch-up	House-to-house visits with mobile clinic (580 kilometers to be covered)
Suriname	All school aged children along the Marowijne River (border French Guyana): Albina, Mopikondre, Langatabiki, Nason, Ampuma, Gonsutu, Stoelmanseiland, Kawemhakan	• Transmigration between borders Suriname and French Guyana • Reluctance of parents to present their health booklets when visiting clinics	Vaccination as needed	• Increase public awareness in communities among local population and health workers on vaccination. • Introduce poster designed by French Guyana, to increase public awareness		Social Mobilization	Joint launching of public awareness poster with French authorities
Trinidad and Tobago	Infants under 1 year and children under 5 years of age	Exposure to wild polio virus	polio, pentavalent	Immunize 3,000 infants under 1 year	3,000	Locate and immunize unvaccinated infants and children	Integrate immunization activities into extended hours at selected health centers.
Turks and Caicos							
				<b>Sub Regional Total</b>	11,323		