

Vaccination Post-Disaster in Haiti, 2010

After the earthquake, the National Immunization Program (DPEV, from the French acronym), with support from the Pan American Health Organization/World Health Organization and UNICEF, developed a National Post-Disaster Vaccination Plan. The main objective of this plan was to minimize the occurrence of vaccine-preventable diseases in the aftermath of the earthquake. This plan included immediate provision of Td/TT vaccine and tetanus anti-toxin to persons injured during the earthquake and those undergoing emergency surgeries, including amputations. It also included vaccination against diphtheria, tetanus (and whooping cough for children), measles and rubella, the provision of vitamin A supplements and albendazole, as follows:

- Children aged 6 weeks to 8 months DTP
- Children aged 9 months to 7 years DTP, MR and vitamin A supplements
- Persons aged 8 years and more Td
- All children aged >=2 years Albendazole

The post-disaster vaccination plan also includes intensification of routine vaccination with all the EPI vaccines, as an integrated health package, for children aged <5 years, and epidemiological surveillance in health institutions and at community level.

Phase 1.

- Vaccination of displaced population living in temporary settlements in disaster affected communes (second administrative level or district equivalent).
 - These include Port-au-Prince, Petion Ville, Delmas (including Tabarre and Cite Soleil), and Carrefour in the Metropolitan Area; Croix de Bouquet, Leogane, Gressier, Grand Goave and Petit Goave in the Ouest Department and Jacmel in the Sudest Department.
- Even though vaccines are offered to the entire population in the camps, children have been the main focus.
- The target population was initially estimated at around 1.4 million people (around 250,000 children aged 6 weeks to 7 years) living in over 300 sites, using data from the Office for the Coordination of Humanitarian Affairs of the United Nations (OCHA).





- These estimates are changing as responsible for immunization are conducting pre-vaccination site visits
- o The observed tendency was towards overestimation of the population
- The estimates by age group, were done applying the age distribution in the general population (1.86% for 6 weeks-8 months; 15.71% 9 months -7 yrs; and 82.43% 8yrs +).
- One of the biggest challenges has been determining the target population, mainly due to:
 - o Transient nature of some of the population
 - o The behavior of the persons living in the sites (adults go out during the day)
 - The disappearance of originally identified sites and appearance of spontaneous new sites in several localities
 - o The multiple names given to the sites, leading to some double counting
- Rapid coverage monitoring is being implemented following vaccination in the sites to provide the basis to do mop-up activities.
 - The mop-up activities are targeting the sites with the largest numbers of unvaccinated persons.
- High-demand for vaccination has been observed and no delays attributable to targeting both children and adults have been identified.
- Events supposedly attributable to vaccination or immunization (ESAVI), mostly local reactions and fever, have been noted by the population and health personnel working on the sites.
- This phase is ongoing and expected to be finished by mid-April. Jacmel has not started vaccination.
 - o Jacmel is due to start 5 April.

The table below shows progress as of 30 March 2010. Data entry is ongoing.





DONNEES ADMINISTRATIVES DES SITES TERMINES

DONNES DISPONIBLES AU		30-Mar-2010		NOMBRE DE VACCINES				COUVERTURE ADMINISTRATIVE			
LOCALISATION		SITES		1½ -8 mois	9 mois-7 ans	8 ans et +	ENSEMBLE	1½ -8 mois	9 mois-7 ans	8 ans et +	ENSEMBLE
DEPARTEMENT	COMMUNE	#	POPULATION					1.86%	15.71%	82.43%	100.00%
		420	985,155	34,700	112,291	431,469	578,460	189%	73%	53%	59%
Aire Métropolitaine	Carrefour	90	173,935	5,654	17,921	76,180	99,755	175%	66%	53%	57%
	Cité soleil	16	34,350	1,165	6,152	19,624	26,941	182%	114%	69%	78%
	Delmas	51	200,492	2,553	15,276	80,936	98,765	68%	48%	49%	49%
	Pétion-Ville	43	186,400	5,594	21,769	65,470	92,833	161%	74%	43%	50%
	Port-au-Prince	103	321,653	18,181	40,005	147,241	205,427	304%	79%	56%	64%
	Tabarre	5	8,900	94	1,222	4,170	5,486	57%	87%	57%	62%
Ouest	Croix des Bouquets	7	16,800	170	1,785	6,966	8,921	54%	68%	50%	53%
	Gressier	0	0	0	0	0	0	0%	0%	0%	0%
	Grand-Goâve	5	6,000	153	870	3,190	4,213	137%	92%	64%	70%
	Léogane	83	31,765	947	4,948	18,145	24,040	160%	99%	69%	76%
	Petit-Goâve	17	4,860	189	2,343	9,547	12,079	209%	307%	238%	249%
Nippes	Miragoane	0	0	0	0	0	0	0%	0%	0%	0%
Sud-Est	Jacmel	0	0	0	0	0	0	0%	0%	0%	0%

Phase 2. This phase aims to provide the same package of interventions to all people living in the affected areas, thus, providing a second dose of DTP/Td and MR for previously vaccinated persons and an additional opportunity for those not living in tents or missed in phase 1. No date has been set, but it is planned for when the situation stabilizes. In addition, a simultaneous follow-up campaign with MR and OPV for the rest of the country is being considered.

Phase 3. Re-launching of the routine immunization program, including fixed posts and "advanced strategy" of periodic vaccination intensification in areas where the population congregates. This phase is being started during Vaccination Week in the Americas 2010 in the Departments of the south, bordering with the Dominican Republic. This phase contemplates also the launching of the revised National Immunization Plan of Action 2010-2013; the roadmap for routine vaccination and the introduction of the DTP-HepB-Hib (pentavalent) vaccine.