

# 2010 Vaccination

Vaccination Week in the Americas

**Reaching everyone**



24 April to 1 May 2010  
**Final Report**



**Pan American  
Health  
Organization**

Regional Office of the  
World Health Organization

Comprehensive Family Immunization  
Family and Community Health Area

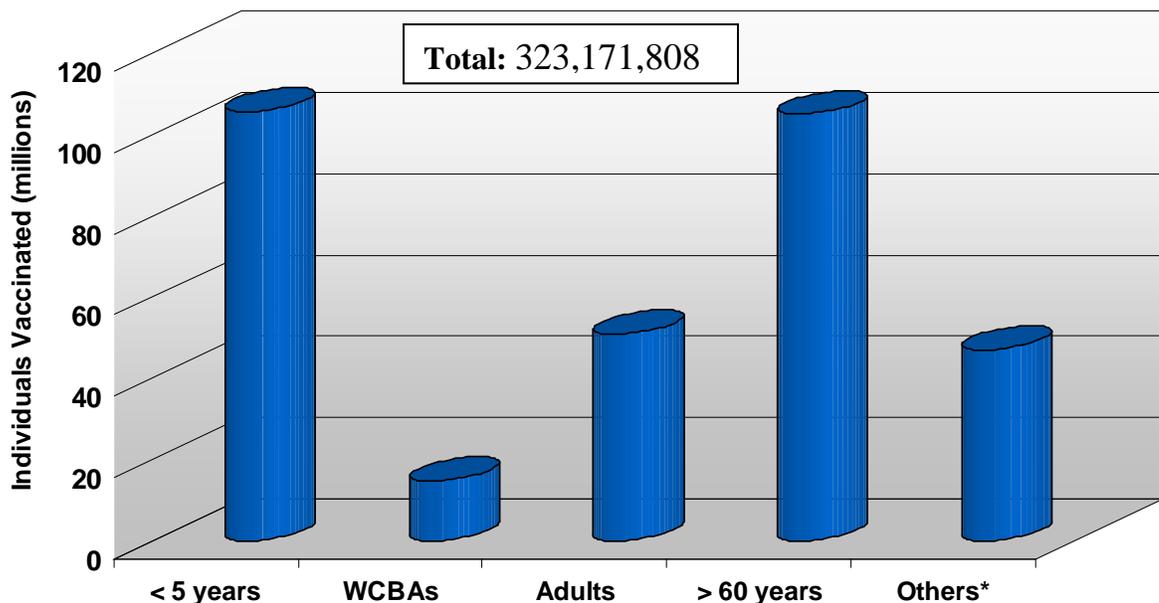


## Background

The eighth celebration of Vaccination Week in the Americas (VWA) took place from 24 April-1 May 2010 throughout the countries and territories of the Region. The history of this initiative dates back to a 2002 proposal by the Ministers of Health of the Andean Region, following the last indigenous measles outbreak in the Americas; this proposal called for a coordinated vaccination effort across national borders to reach vulnerable populations. In June 2003, the first VWA was held, with the participation of 19 countries and territories. In September of that same year, VWA was officially endorsed through the adoption of Resolution CD44.R1 by the Directing Council of the Pan American Health Organization (PAHO). This resolution urged Member States to “support the implementation of an annual hemispheric Vaccination Week, to be held in April, targeting high-risk population groups and underserved areas,” and provided the political mandate for future VWA initiatives.

Today, VWA has grown to become the Western Hemisphere’s largest multi-country health effort. Countries’ participation in the initiative is flexible and activities are chosen in accordance with national public health priorities. One of the initiative’s overarching goals continues to be to provide vaccination to those populations with otherwise limited access to health services, thereby improving coverage and strengthening the regular Expanded Program on Immunization (EPI). Over its tenure, more than 323 million individuals have been vaccinated as a result of VWA efforts (Figure 1 and Table 1). VWA has also provided a platform to raise population awareness regarding the importance of immunization campaigns and to keep the topic on the forefront of political agendas of the Region. This has been done through the implementation of a wide variety of social communication campaigns and high profile VWA launching celebrations over the last eight years.

**Figure 1.** VWA Results by population group 2003-2010\*



\*As of 23 September 2010

**Table 1. Summary of Goals and Achievements of Vaccination Week in the Americas, 2003-2010\***

Goals	2003	2004	2005	2006	2007	2008	2009	2010*
Rubella elimination		BLZ, ELS, MEX, PAN, ECU, PER	MEX, PAR	BOL, COL, MEX, VEN	CUB, GUT, HAI, MEX	ELS, MEX	MEX, VEN	
Measles elimination	BOL, MEX, PAR	DOR, HON, NIC	ARG, BLZ, SUR	COL, COR, MEX, URU, VEN	COR, HAI	ECU, GUT, HAI, HON, NIC, PAN	SUR	DOR
Polio eradication	MEX, VEN	CUB, DOR, HON, MEX, NIC	CUB, DOR, HON, MEX, NIC	COL, CUB, DOR, ECU, ELS, HON, MEX, NIC	CUB, DOR, HAI, HON, MEX, NIC	DOR, ECU, GUT, HON, NIC	CUB, DOR, MEX, NIC	CUB, DOR, NIC
Yellow fever risk reduction	VEN	BOL, COL, TTO, VEN	ARG, BOL, COL, ECU, PER, TTO, VEN	COL, PER	BOL, ECU, PER	COL, PAR, SUR, VEN	GUY, SUR, VEN	BOL, TTO
Influenza prevention		BRA, CHI, URU	BRA, ELS	ARG, BAH, BRA, CHI, COR, PAN, PAR, URU	ARG, BRA, CHI, COL, COR, PAN, PAR	BRA, CHI, COL, ELS, PAR, VEN	BRA, DOR, ELS, PAN, URU, VEN	ARG, BAH, BOL, BRA, CRI, ECU, GRD, GUT, GUY, HON, MSR, LCA, PAN, PER, SLV TCA, TTO, URU, VEN
Completion of childhood schedules**	VEN	ARG, BLZ, BOL, BRA, COL, COR, CUB, GUT, HAI, JAM, MEX, NIC, PAN, PAR, PER, SUR, TTO, URU, VEN	BLZ, BOL, BRA, COL, COR, DOR, ECU, ELS, GUT, HAI, HON, MEX, NIC, PAN, PER, SUR, TTO, VEN	BRA, COL, COR, DOR, ECU, ELS, GUT, HAI, HON, JAM, MEX, NIC, PAN, PER	ARG, BLZ, BRA, COL, COR, DOR, ELS, HON, MEX, NIC, PAN, PAR, PER, SUR, VEN	BLZ, BOL, BRA, COL, DOR, ELS, NIC, PAR, SUR, VEN	ARG, BOL, DOR, ELS, GUT, HAI, HON, MEX, NIC, PAN, PER, SUR, VEN	BLZ, BOL, CRI, ELS, GUY, HON, MEX, NIC, PAN, SUR, TTO, URU, VEN
Tetanus control	MEX, VEN	BOL, BRA, COL, GUT, MEX, NIC, PAN, PAR, PER, VEN	BOL, BRA, COL, ELS, HAI, HON, MEX, NIC, PAN, TTO, VEN	BRA, COL, COR, ECU, ELS, GUT, HAI, HON, MEX, NIC, PAN, PAR, PER, SUR	BRA, COR, DOR, ELS, HON, MEX, NIC, PAN, PAR, VEN	BOL, BRA, COL, CUB, DOR, ELS, NIC, VEN	BLZ, DOR, ELS, GUT, HAI, HON, MEX, NIC, PAN, VEN	BOL, CRI, ELS, HON, MEX, NIC, VEN
Introduction of new vaccines		DOR	GUT	PAN	GRD, PAN	PAN	PAN	PAN, URU
Occupational risk groups		BVI, COR, MSR, TCA	KNA, PAN	COR	BRB, GRD, JAM, KNA, VCT	BRB, JAM, MSR, KNA, VCT	BOL, DOR, HON, MSR	ANG, CRI, GRD, JAM, MSR, LCA, TTO, VEN, VGB
Achievements	2003	2004	2005	2006	2007	2008	2009	
Population vaccinated	16,283,888	43,749,720	38,172,925	49,219,552	47,694,804	59,740,221	33,700,421	34,594,188
Participating countries and territories	19	35	36	39	45	45	44	41
Countries with integrated activities	0	4	5	7	6	10	6	13
Mobilization of resources	77,040	1,400,000	737,865	400,000	435,280	304,535	301,431	390,500

Source: Country Reports to FCH-IM, PAHO, \*As of 23 September 2010. \*\*Countries that implemented smaller-scale activities to complete schedules are not included in this table.

## VWA 2010

### *a. Regional level launching events*

Multiple VWA launching events and celebrations of different magnitudes occurred across the Americas in 2010, in major cities and towns, and on bi- and tri-national border areas in countries such as Bolivia, Cuba, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Panama, and Uruguay, among others.

In terms of Regional level launching events, the first such event took place in Masaya, Nicaragua, on the evening of **24 April**. The event was held in the plaza in front of the San Jerónimo church with approximately three thousand individuals in attendance. Participating authorities included the president of Nicaragua, Mr. José Daniel Ortega; the first lady of Nicaragua, Rosario Murillo; the Archbishop emeritus of Managua, Cardinal Miguel Obando Bravo,; the Minister of Public Health and Welfare of Nicaragua; other government authorities; PAHO's Director, and high level representatives from organizations such as the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), Japan International Cooperation Agency (JICA), and the U.S. Centers for Disease Control and Prevention (CDC).

On **26 April**, VWA was celebrated in conjunction with its sister initiative in the United States, National Infant Immunization Week (NIIW), during a morning launching ceremony and an afternoon professional conference, both held in Las Cruces, New Mexico (USA). The launching ceremony was attended by international, state, and local leaders, including PAHO's Deputy Director, the Regional Director of the United States' Health and Human Services Region VI, the Deputy Director of the CDC's National Center for Immunization and Respiratory Diseases, the Director General of Mexico's National Center for Child and Adolescent Health (CeNSIA), and the first lady of New Mexico. The professional conference which followed focused on the topic of increasing infant and child immunizations among at-risk populations along the border region. These activities were two of multiple joint NIIW/VWA vaccination activities and communication campaigns coordinated among states along the United States/Mexico border.

On **27 April**, a Regional VWA launching celebration occurred between Suriname and French Guiana, with the participation of a Brazilian delegation. Participants included high level governmental and health authorities from all three countries, the PAHO's Director, representatives from UNICEF, UNAIDS, the United Nations Development Programme (UNDP), the United National Country Team (UNCT), the United Nations Population Fund (UNFPA), the French Embassy in Suriname, and the EPI Manager of Dominica. As French Guiana is a French overseas department, this event marked the first ever **bi-Regional** launching ceremony between the Americas and Europe. Following a ceremony on the French side, in St.-Laurent-du-Maroni, French Guiana, all participants crossed the Maroni river for a second ceremony in Albina, Suriname.

Following the joint ceremonies, an exchange of practices and experiences in immunization between French Guiana and Suriname was held, with the participation of 31 health-care workers from this border area. The objective of the session was to familiarize participants with the use and interpretation of the vaccination records/cards and immunization schedules of the neighboring countries due the frequent population migration across borders. A prototype of a common vaccination card to be used between Suriname, French Guiana, and Brazil has been in development and needs to be finalized. Additional exchange workshops were also held in May and June.

The last two Regional launching ceremonies for VWA 2010 occurred in Jimaní, Dominican Republic, and in Fond Parisien, Haiti, on **30 April and 1 May**. Following the devastating earthquake in Haiti on 12 January 2010, the Jimaní hospital played a key role in caring for an influx of injured Haitians in need of medical services. Across the border, Fond Parisien is the site of the NGO Christian Humanitarian Organization Love a Child which, following the earthquake, donated land for a displacement center and a medical compound to attend earthquake victims who had undergone surgery in Jimaní. The center was coordinated by the Harvard Humanitarian Initiative from January-May 2010. Both VWA launching events counted on the participation of the respective Ministers of Health, PAHO's Director, representatives from UNICEF, UNDP, UNAIDS, and the CDC as well as local leaders. Additionally, Dr. Richard Mihigo, a delegate from the World Health Organization Office for the African Region (AFRO), attended both events. AFRO is planning on launching their first ever vaccination week initiative in 2011 and is learning from the experiences of other participating regions (see section f.)

*"The vaccination campaign launched today must serve as a new starting point for the peoples of Jimani and the commune of Ganthier.*

*Our children are devastated by malaria, diphtheria, polio. These diseases produce high rates of child mortality.*

*Children are the future of a country. They must be vaccinated so the nation can grow strong, healthy, looking towards progress.*

*Today's initiative must be encouraged. Transborder projects must be pursued by authorities in both countries in order to avoid disparities that could prevent sister nations to benefit from harmonious relationships.*

*Viva Haiti*

*Viva Dominican Republic*

*Let's advance toward harmony and progress for both nations".*

-translated excerpt from the speech given by the mayor of Ganthier, Haiti during the 2010 VWA launching event in Fond Parisien, Haiti. The completed text can be found in Appendix 1.

**Figure 2.** Regional VWA launching events, 2010\*



### *b. Vaccination Results*

In 2010, countries and territories engaged in a wide variety of vaccination activities, utilizing multiple strategies to reach their target populations. As of 23 September 2010, more than 34 million individuals had been reported vaccinated as a result of this year's initiative. As in prior years, the results of VWA 2010 activities can be categorized according to the Regional Immunization Vision and Strategy; namely protecting the achievements, completing the unfinished agenda, and facing new challenges in immunization. Selected results are summarized below.

1. Protecting the achievements: polio eradication, measles elimination, diphtheria and hepatitis B control, and completion of vaccination schedules.
  - While many countries applied polio vaccine as part of activities to complete vaccination schedules, Cuba Nicaragua, and the Dominican Republic administered polio vaccine indiscriminately in larger scale campaigns in an effort to maintain **polio eradication** in the Region. Cuba focused on vaccinating

children aged <3 years and at age 9 years, administering 497,617 vaccine doses and accomplishing 99.4% of their pre-established goal. As part of their VWA activities, Nicaragua targeted children aged 2 months to 4 years with an additional dose of polio vaccine, administering 635,809 doses or 96.3% of their goal. The Dominican Republic realized a national campaign applying polio and measles, mumps, and rubella vaccines this year, targeting children aged 6 years to 8 years, 11 months and 29 days. While reported doses were not disaggregated by antigen, the country vaccinated 669,866 individuals, achieving 114% coverage and contributing to **measles elimination** as well.

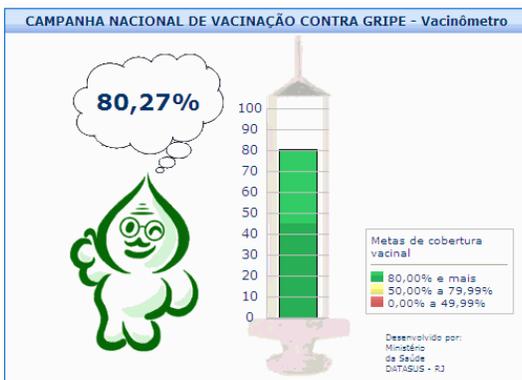
- Venezuela and Costa Rica were the two countries who administered the largest quantity of **Hepatitis B** doses in 2010; Venezuela administered more than 61,000 doses to children between 6-9 years while Costa Rica administered approximately 3,611 doses to adults (individuals working in businesses, in educational centers, health-care workers and firefighters).
- Nine Latin-American countries (Bolivia, Costa Rica, El Salvador, Honduras, Mexico, Nicaragua, Panama, Uruguay, and Venezuela) completed activities administering multiple antigens to **complete childhood vaccination schedules** and improve coverage of the regular program. Selected results are listed below:
  - In Bolivia, multiple antigens were administered to complete schedules, principally in at-risk and border municipalities and in indigenous communities. Depending on population density and the presence or absence of health services, different vaccination strategies were employed, such as institutionalized vaccination with extended hours, vaccination by concentration, door-to-door vaccination and fixed and mobile posts.
  - During its VWA activities, El Salvador administered a wide variety of vaccinations to complete schedules, increasing BCG coverage by 5.4%, rotavirus coverage by 5.9% and 6.4% (first and second dose, respectively), pentavalent coverage by 6%, 6.4%, and 7%, (first, second, and third dose, respectively), first dose MMR coverage by 6.3%, and first booster DTP coverage by 7.6% .
  - Honduras also worked to complete childhood schedules as part of their VWA activities. Post-campaign analysis of the contribution of VWA to the national program found that the campaign increased BCG coverage by 5.7%, coverage of third dose polio by 7.3%, coverage of polio booster doses by 12%, coverage of third dose pentavalent by 7.4%, coverage of second dose rotavirus by 6.6%, coverage of MMR by 8.3%, and coverage of first and second DPT boosters by 12.2% and 14.4%, respectively.
  - In Mexico, VWA was celebrated as part of the Second National Health Week of 2010. During this mass campaign, more than 9,000,000 polio doses, 270,000 MMR doses, 1,000,000 Td doses, 104,000 BCG doses, 595,000 hepatitis B doses, 470,000 DpaT+VIP+Hib (pentacel) doses, 180,000 DTP doses, 220,000 rotavirus doses, 270,000 pneumococcal

- doses and 480,000 MR doses were applied to both children and adult population groups.
- In Panama, vaccination activities were directed at prioritized populations living in difficult to reach areas, such as along the borders with Costa Rica and Colombia. In total, 118,432 doses of vaccine were applied in a captive population of 62,897 individuals and 22,691 schedules were completed.
  - In Venezuela, areas with pentavalent and trivalent vaccine coverage of less than 50% and between 50-79% were prioritized, as were border areas and zones with large indigenous populations. Approximately 170,500 doses of polio vaccine, 170,000 doses of pentavalent vaccine, and more than 43,540 doses of Td vaccine were administered.
- Throughout 18 countries and territories of the English-speaking Caribbean, a wide variety of outreach vaccination activities were also conducted to complete childhood schedules and provide booster doses to adolescents. Adult population groups were also a common target of this sub-region, and on many islands a particular focus was given to **occupational risk groups**. Selected results include the following:
    - Among the activities completed in Anguilla, child health clinics were given to complete schedules and 15-year olds were given booster DT and polio doses and vaccinated against varicella. Immigration and customs officers, along with health-care workers were also vaccinated. Aruba completed a catch-up campaign for 5 year olds, administering DT-IPV booster doses and MMR and hepatitis B vaccine. In the Bahamas, outreach activities were conducted, administering vaccines including MMR, hepatitis B and Td. In the British Virgin Islands, varicella and MMR vaccines were given to 5-15 year olds and hepatitis B and Td vaccines to agricultural workers and community members.
    - In Belize, health care workers worked to vaccinate defaulters through home and school visits. Through coordination with the education department, 63 schools were visited. As a result of VWA activities, there was an overall increase of 5% in MMR and 24% in MMR2 coverage. Additionally, coverage of polio and DTP booster doses increased by 31% and 35% respectively for the second quarter.
    - On the island of Dominica, the focus was placed on vaccinating immigrants, especially the Haitian population with Td, MMR, and hepatitis B vaccines; the later vaccine was also targeted to individuals aged 14-18 years. In addition to the vaccination of school children in Grenada, farmers, police officers, teachers, caregivers of the elderly, vector control and environmental health officers, health care workers, and solid waste workers were targeted.
    - One of the main focuses of VWA in Guyana was to conduct mop-up vaccination in low coverage areas. Vaccination outreach activities were conducted in a wide variety of locations including schools, markets, and businesses throughout the country

- In Jamaica, high-risk populations for diphtheria and tetanus were targeted, including fishermen, farmers, sanitation workers, and diabetics. Vaccination drop-outs aged <5 years were also a focus of this year's activities.
- In Montserrat, construction workers and essential workers were vaccinated with Td vaccine, delinquents were targeted with MMR, DT and polio, booster doses were also given to adolescents (DT and polio), and tetanus and MMR vaccines were administered among the population aged 22-45 years.
- As part of VWA celebrations in Suriname, the EPI worked with the Medical Mission to conduct mop-up vaccination activities in six Upper Amerindian Villages, accessible only by air or multiple days traveling by river. School children, health care workers and support staff were vaccinated.
- A variety of VWA activities were conducted in all counties of Trinidad and Tobago in 2010. In addition to a one-day vaccination outreach event in Port-of-Spain, various activities were conducted in all counties to improve the vaccination status of health care workers, increase coverage of a variety of population groups, find defaulters, and educate the public. In St. Patrick county two immunization motorcades "Drive to Stay Alive" were employed.

2. Completing the unfinished agenda: improving vaccination coverage against yellow fever, influenza, rubella and CRS, and maternal and neonatal tetanus in high-risk, isolated, border, and indigenous populations.

- To improve vaccination coverage against **yellow fever**, Bolivia, Trinidad and Tobago, and Guyana administered this antigen as part of larger efforts to complete schedules. In Bolivia, 12,939 children aged 12-23 months were vaccinated. In Trinidad and Tobago, 1,471 adults and children were vaccinated. In Guyana 35 children and adolescents were reported to have been vaccinated during a health fair in Georgetown; however, yellow fever activities also occurred in other regions of the country.



individuals older than 60 years, achieving 80% coverage.

- **Influenza** vaccination campaigns were a major focus of VWA 2010. Nineteen countries vaccinated population risk groups using pandemic monovalent, bivalent, or trivalent influenza vaccines as part of the initiative, reporting the administration of more than 18.7 million doses. As in prior years, Brazil conducted the largest campaign in the Region, administering approximately 15.6 million doses of bivalent vaccine to

- Bolivia, El Salvador, Honduras, Mexico, Nicaragua, and Venezuela were among the countries that completed vaccination activities to prevent **maternal and neonatal tetanus** in 2010. Bolivia vaccinated more than 64,000 women of childbearing age with the Td vaccine, El Salvador administered more than 40,000 doses, and Mexico administered more than 674,000 doses. El Salvador and Mexico also vaccinated men with the Td vaccine (16,520 and 418,986 doses, respectively). Honduras administered 12,077 doses to pregnant women increasing coverage by 11.4% (for the 2<sup>nd</sup> dose). Nicaragua administered more than 520,000 doses of Td vaccine to both males and females aged 7-9 years, 10-14 years, and 20 years. Finally, in Venezuela, approximately 43,500 pregnant women were vaccinated with the tetanus toxoid vaccine, achieving 89% of the pre-established goal.

### 3. Facing new challenges: New vaccine introduction

- During the national VWA launching event held in Panama, the Minister of Health announced universal vaccination with conjugate pneumococcal vaccine and trivalent influenza vaccine. In Uruguay, VWA was used as an opportunity to advertise the vaccination of children aged <5 years with 13-valent conjugate pneumococcal vaccine, as a result of a change to the certified vaccination schedule from 7-valent conjugate pneumococcal vaccine.



*A child at a VWA event in Panama wearing a shirt which says “My mom has already had me vaccinated against pneumococcus.”*



Country	0-12 months	1-4 years	<5 years	> 5 years	WCBA's Td	>60 years influenza	Adult MR/MMR	High risk occupations	Yellow Fever	Others	TOTAL
Netherlands Antilles											
Bonaire											
Curaçao											
St. Maarten			8	53							61
Saba											
St Eustatius				237							237
Nicaragua <sup>12</sup>	100,856	23,737	635,809	97,460	520,391						1378253
Panama <sup>13</sup>	4,025	9630	35,317	1,855		508		9,650		31,280	92265
Paraguay <sup>14</sup>										345,244	345244
Peru <sup>15</sup>										41,162	41162
St. Kitts and Nevis											
St. Lucia	Social mobilization and communication and varied vaccination activities										
St Vincent and the Grenadines	Social mobilization and communication and varied vaccination activities										
Suriname				335				18			353
Turks and Caicos <sup>16</sup>				183		13		31		104	331
Trinidad & Tobago <sup>17</sup>			559					115	1,471	3,688	5833
United States	Social mobilization and communication and varied vaccination activities										
Uruguay	Social mobilization and communication and varied vaccination activities										
Venezuela <sup>18</sup>	151,511	35,331	75,883	61,600	43,547	54,947		10,696		185,340	618,855
<b>TOTAL</b>	<b>10,040,654</b>	<b>638,082</b>	<b>1,415,202</b>	<b>2,158,929</b>	<b>1,362,920</b>	<b>15,658,140</b>	<b>161,798</b>	<b>683,040</b>	<b>14,445</b>	<b>2,460,978</b>	<b>34,594,188</b>

\*As of 23 September 2010 \*\*Activities completed, but pending final campaign data

1. 'Other' includes vaccination of at-risk individuals aged 6-65 years, pregnant, and post-partum women against influenza A (H1N1).

2. 'Other' includes H1N1 vaccination of pregnant women, and individuals aged 10-64 years with chronic diseases. Children with chronic diseases aged 3-9 years vaccinated with H1N1 were placed in the >5 year age group.

3. 'Others' represents community members that were vaccinated in BVI.

4. Costa Rica vaccinated "high risk occupations" such as health-care workers, police, firemen, and business people against Td (1,891 doses), hepatitis B (3,611 doses), and influenza (seasonal [603 doses] and H1N1[1,024 doses]) . Because doses were not subdivided in order to detect any overlap, the largest quantity was listed in the table.

5. Cuba gave only age-specific data for their goals, not for what was actually accomplished. However, they accomplished 99.4% of their goal for both groups, so the age-specific goal data was multiplied by 0.994 to determine the estimated age-specific results.

6. 'Other' includes doses applied during the H1N1 vaccination campaign between April and May, which were not sub-divided by population group.

7. 'Other' includes H1N1 vaccination of pregnant women and other groups and the vaccination of men with Td vaccine.

8. 'Others' are residents and caregivers of geriatric homes (vaccinated with H1N1 and Td) and not subdivided.

9. Guyana did not report on the specific age groups of all doses administered.

10. 'Other' includes men vaccinated with the Td vaccine and non-specified groups vaccinated with hepatitis B.

11. Montserrat also targeted occupational risk groups, individuals with chronic disease, adolescents and adults, but they did not report vaccination results for each group.

12. Both males and females aged 7-9 years, 10-14 years, and 20 years of age were vaccinated with Td vaccine. Doses were not discriminated according to sex.

13. 'Other' includes vaccination of WCBA's against Td, influenza, and with pentavalent vaccine.

14. 'Other' includes vaccination with the H1N1 vaccine. Due to vaccine arrival dates, Paraguay did not begin their H1N1 vaccination campaign until 3 May. Between 4 May and 5 June they applied more than 345,000 vaccine doses to variety of risk groups. The campaign ended in August.

15. 'Other' includes H1N1 doses administered in Peru between 24 April and 8 May.

16. 'Other' includes the vaccination of immigrant populations residing at the dump against influenza A (H1N1), Td, and MMR as well as the vaccination of the vulnerable population of Grand Turk against influenza A (H1N1).

17. 'Other' includes doses given to adults or unspecified age groups in Trinidad and Tobago (MMR, yellow fever, hepatitis B, Td and influenza). The age range of children vaccinated was not indicated.

18. Pregnant women in Venezuela were vaccinated with TT, not Td.

**Table 4.** Number of Doses Administered by Antigen and Country or Territory, VWA 2010\*

Country	MMR	MR	DTP	DT	Td	TT	Hib	Hep B	Pentavalent	Polio	BCG	YF	Influenza (seasonal and H1N1)	RV	Pneumo	Varicella	Other
Anguilla	Social mobilization and communication and varied vaccination activities																
Antigua & Barbuda	Social mobilization and communication and varied vaccination activities																
Argentina													513,000				
Aruba	Social mobilization and communication and varied vaccination activities																
Bahamas					128			100					1,785				
Barbados																	
Belize	3,395		1,640							1,666							
Bermuda	Social mobilization and communication																
Bolivia	11,611		6,689		64,375				32,663	35,754	8,435	12,939	947,657	20,375			
Brazil													15,595,101				
British Virgin Islands	33			44				43								36	
Canada																	
Cayman Islands	Social mobilization and communication																
Chile																	
Colombia																	
Costa Rica	2,031		58		5,021		15	3,611		61			1,901		35	28	
Cuba <sup>1</sup>										497,590							
Dominica	Social mobilization and communication and varied vaccination activities																
Dominican Rep.	Social mobilization and communication and varied vaccination activities																
Ecuador													170,683				
El Salvador	15,976		17,208	1,447	56,910				24,709	41,541	6,714		1,715,939	15,254	6,326		
Grenada	176		9	72	1,094			27	19	788			230				
Guatemala																	
Guyana <sup>2</sup>	12				34					8		35	112				
Haiti																	
Honduras	15,404		47,182		62,484				40,093	59,965	10,223			22,771			
Jamaica	298		47	4,021			13	13		1,765	5						
Mexico <sup>3</sup>	273,693	484,341	185,846		1,097,996			595,935	474,467	9,069,425	104,931			223,279	274,462		
Montserrat	Social mobilization and communication and varied vaccination activities																

Country	MMR	MR	DTP	DT	Td	TT	Hib	Hep B	Pentavalent	Polio	BCG	YF	Influenza (seasonal and H1N1)	RV	Pneumo	Varicella	Other
Netherlands Antilles																	
Bonaire																	
Curaçao																	
St. Maarten <sup>4</sup>	49							19									42
Saba																	
St Eustatius	228		43														
Nicaragua	27,737		97,460		520,391				57,111	635,809				48,745			
Panama <sup>5</sup>	1,611				1,934				53,756	2,420	484		24,046	593	2,301		11,242
Paraguay													345,244				
Peru													41,162				
St. Kitts y Nevis																	
St Lucia	Social mobilization and communication and varied vaccination activities																
St Vincent and the Grenadines	Social mobilization and communication and varied vaccination activities																
Suriname	9		109		244			18		323							
Trinidad and Tobago	221		74		1,439			1,078	120	194		1,471	2,037				
Turks and Caicos	4				17			14					283				
United States	Social mobilization and communication																
Uruguay	Social mobilization and communication and varied vaccination activities																
Venezuela <sup>6</sup>						43,547		61,600	170,390	170,530			251,003				89,784
<b>TOTAL</b>	<b>322,629</b>	<b>484,341</b>	<b>356,365</b>	<b>5,584</b>	<b>1,812,067</b>	<b>43,547</b>	<b>28</b>	<b>662,458</b>	<b>853,328</b>	<b>10,517,839</b>	<b>130,792</b>	<b>14,445</b>	<b>19,610,183</b>	<b>331,017</b>	<b>283,124</b>	<b>64</b>	<b>101,068</b>

\*As of 23 September 2010

1. Polio data was determined by multiplying the age-specific goals by the 99.4% completion within the population, and then adding the two group numbers to give the aggregate total. This number is an estimate.

2. Guyana did not specify the number of doses administered by antigen for all vaccination activities.

3. In Mexico, Pentavalent vaccine refers to DpaT+VIP+Hib (pentacel vaccine), not DTP+Hep B+HiB.

4. 'Other' in St. Maarten is Pentaxim vaccine (tetanus, diphtheria, hib, polio, and acellular pertussis) and DT/IPV vaccine.

5. 'Other' includes hepatitis A and approximately 9,000 doses of unspecified vaccine administered to WCBAs. MMR doses includes some doses of MR and Pentavalente doses includes some doses of Tetravalente vaccine.

6. 'Other' in Venezuela is Trivalent vaccine.

### *c. Indicators*

As one means of documenting the impact of VWA, the following indicators have been defined:

- Number and percentage of children aged 1-4 years with the first, second, and third dose of the DTP/pentavalent (to measure cases of 0 doses, delayed schedules, and completed schedules);
- Number and percentage of WCBAs in at-risk municipalities vaccinated with the first dose of Td during VWA;
- Percentage of rapid coverage monitoring (RCM) in municipalities with MR vaccination coverage <95%;
- Percentage of people interviewed in preselected areas who know about VWA;
- Percentage of municipalities with plans for a second and third round of vaccination to complete schedules after the VWA; and
- Number of suspect measles/rubella and acute flaccid paralysis (AFP) cases identified during active case-finding in the community and previously detected by the surveillance system.

In 2010, countries and territories reported the following selected achievements:

- In Venezuela 5,885 children aged 1-5 years were vaccinated with their first dose of pentavalent vaccine during VWA, 4,596 were vaccinated with their second dose and 10,949 were vaccinated with their third dose. In El Salvador, 460 children between 1-4 years were vaccinated with pentavalent as part of VWA activities (73 with their 1<sup>st</sup> dose, 123 with their 2<sup>nd</sup> dose and 234 with their 3<sup>rd</sup> dose).
- In Bolivia, 35,130 WCBAs were vaccinated with their first dose of Td vaccine during VWA 2010 and in Venezuela 21,849 pregnant women were vaccinated with their first dose of tetanus toxoid vaccine.
- In Costa Rica, during RCM, 13,772 houses were visited and 3,322 children were found. Of these 3,156 children had complete vaccination schedules and 166 children were found with incomplete schedules.
- In Honduras, 507 RCM were completed; in 21% (109) pentavalent coverage was identified as less than 95%, leading to the reorganization of vaccination activities.
- In Panama, 1,250 surveys were distributed to WCBAs (28.9%), women aged 50-59 years (15.6%), youth aged 6-15 years (23.8%), men aged 16-59 years (16.7%), and men and women older than 60 years (3.28% and 11.6%, respectively) in order to evaluate the impact of VWA social communication activities. Of the respondents, 68% had heard of a special vaccination activity, 33.7% were able to identify VWA in particular, 50.5% had heard of an influenza campaign, 12.5% had heard of a general vaccination campaign and 3% couldn't remember. Radio, health centers, schools, television and broadcasting through loudspeakers were the most common communication channels through which respondents received information. A total of 65.5% of the interviewees declared that upon hearing of the vaccination activity, they went to be vaccinated and 17.5% responded that they had brought their child or another person to be vaccinated.

- During active case-finding in Panama, 9,840 houses were visited to see if there had been a suspect measles/rubella or acute flaccid paralysis case in a child aged <15 years during the last six months. No suspect cases were found, a finding which was supported by an absence of cases reported to the surveillance system.

#### ***d. Mass communication and social mobilization***

##### **1. Regional social communication campaigns**

The regional slogan chosen for VWA 2010 was “Reaching everyone,” to emphasize the initiative’s commitment to seeking out vulnerable populations for vaccination. This slogan was used alongside the traditional VWA slogan of “Vaccination: an act of love.”

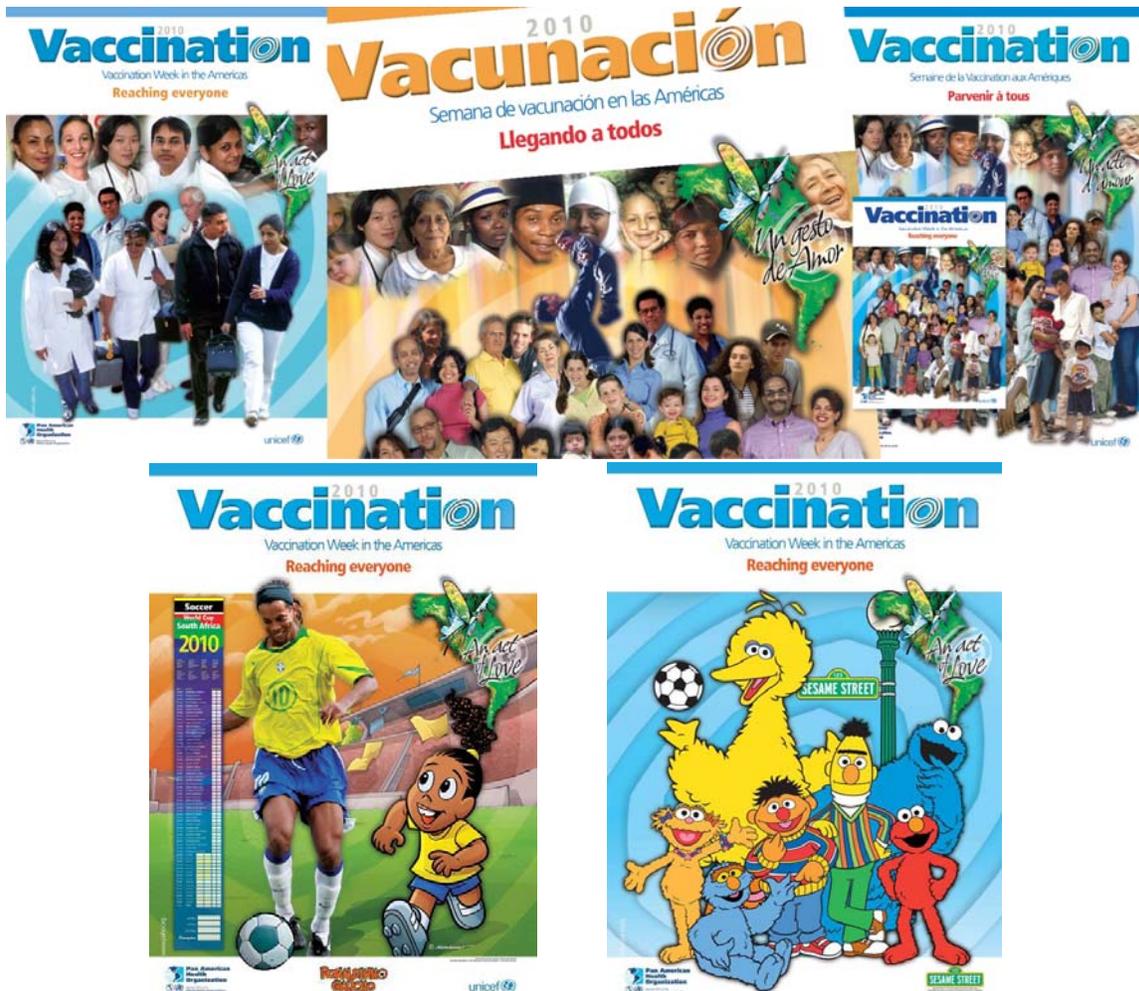
##### *Print materials*

This year, 29,000 posters and 93,000 stickers were printed and distributed to PAHO country offices for national use. Three different poster designs were developed and translated into Spanish, English, Creole, and French (electronic versions only). To emphasize this year’s slogan one poster series displayed faces of individuals representing people from countries across the Americas; this design was in contrast to the faces posters designed for the Central American, Caribbean, and Andean sub-regions in previous years.

PAHO’s collaboration with the Sesame Workshop, a 2009 “PAHO Champion of Health” award recipient, continued in 2010 and a second poster series utilized the popular children’s characters of Sesame Street (*Plaza Sésamo* in Spanish). These characters were also used in the design of the 2010 stickers. For the first time this year, arrangements were made for the live Sesame Street characters, portrayed by actors in costume and accompanied by a narrator, to travel to Colombia, where they appeared in several VWA celebrations in major cities.

To take advantage of the popularity of soccer in the Region and the June 2010 World Cup in South Africa, a third series of posters was produced using the photograph and cartoon image of international soccer star Ronaldinho. A schedule of World Cup games with spaces to keep a score tally were included on this poster, so that establishments would continue to display them through the conclusion of the World Cup, several months after the final days of VWA 2010.

Lastly, the 2009 VWA poster designed to target health-care workers for vaccination was also updated and available through the web in 2010, to continue advocacy efforts around this important occupational risk group. The poster was designed in conjunction with the celebration of World Day for Safety and Health at Work, which falls within the period of VWA. In 2010, a symposium was held on 28 April in Paramaribo, Suriname, to commemorate the day, following the VWA launching event between Suriname and French Guiana. During the symposium, PAHO’s Director, Dr. Roses, addressed the participants on health and safety of health workers.



2010 VWA Regional Posters

Videos

In 2010, a new VWA public service announcement with Ronaldinho was produced in Portuguese and Spanish and sub-titled in English. The video advocated the importance of immunization and was made available through the VWA website for use on television channels in the Region.



## 2. National communication campaigns

As in previous years, in 2010, countries also developed their own unique communications campaigns and materials, specific to national activities, and/or adapted PAHO images to better fit their needs. Selected examples include the following:



Bermuda, 2010

- In Bermuda promotion of immunization and hand hygiene to reduce transmission of infection was conducted simultaneously. A mascot named “Bermie Germie” was created to highlight hand washing along with the slogan “Be wise...immunize.”
- In Guatemala, VWA fans and masks were produced.

- In Bolivia, scarves embroidered for VWA were manufactured for activities in high altitude areas.
- In Jamaica, posters were created to advertise the vaccination of occupational risk groups.
- In Honduras, a multi-disciplinary and inter-institutional committee was established to develop the area of social mobilization and communication prior to VWA. This group worked to develop and produce promotional materials to advertise the national vaccination campaign and the influenza A (H1N1) campaign. A total of 10,000 posters, 500,000 fliers, and 43 banners were produced, as well as one television and one radio spot.



Jamaica, 2010



Guatemala, 2010



Honduras, 2010

### *e. Focus on additional integrated interventions*

VWA 2010 was a key year for the integration of other preventative interventions with vaccination. Thirteen countries and territories implemented some form of integrated activity, the most in the history of the initiative. Examples include the following:

#### *Vitamin A*

- Bolivia, Honduras, Mexico, and Nicaragua administered vitamin A to children aged <5 years as part of their vaccination activities. In Honduras, post-partum women up to thirty days after birth were also supplemented.

#### *Deworming*

- Mexico and Nicaragua provided deworming medication, administering 17,143,705 and 1,151,347 doses, respectively.

#### *Iron*

- Bolivia and Mexico distributed iron supplementation. In Bolivia 6,563 doses of iron were given to children aged 6-23 months in the form of *Chispitas nutricionales* (nutritional bites), a supplement which is mixed with food and contains micronutrients such as iron, zinc, vitamin A, vitamin C, and folic acid. Mexico administered more than 36,000 doses to children aged 6 months-9 years, men aged 9-19 years, WCBAs, and pregnant women.

#### *Other*

- Mexico also administered folic acid, oral rehydration therapy, and vitamins and minerals in conjunction with its immunization activities.
- In Nicaragua, the “Love Program” (*Programa Amor*) worked to find unregistered children and inscribe them into the Civil Registry of Persons. Other educational activities for disease prevention and health promotion were also conducted.
- In Guyana, a vaccination and health fair was held in Region 4; it included topics such as foot care, blood sugar testing, HIV testing, nutrition, environmental health education, substance abuse education and awareness, alcohol and tobacco control, and others.
- In Panama, during vaccination activities in hard-to-reach areas of the Ngobe Bugle, health region, individuals with severe malnutrition were referred to centers of nutritional rehabilitation. Individuals were also trained to recognize the symptoms of respiratory infections.
- In St. Maarten, during a vaccination open house, 26 parents were screened for diabetes. Additionally 50 children were seen by a dentist in a dental bus.
- During activities in St. Lucia, 148 6th grade students had their BMI calculated; 10 had readings greater than 25, indicating that these students have to be targeted for nutritional education.
- Screenings for hypertension and diabetes were conducted in St. Vincent.
- During immunization outreach activities and a health fair in the Bahamas, free health screenings were provided.
- As part of a mini health fair in Suriname, information was given on HIV/AIDS, diabetes mellitus, high blood pressure, and safe hand-washing practices

#### ***f. Visit of the AFRO delegation and promises of a future Global Vaccination Week***

A two person delegation from AFRO visited the Americas during VWA this year to learn more about the planning and execution of the initiative. Dr. Richard Mihigo, an IVD/RDO/AFRO staff member, attended the VWA launching events held in the Dominican Republic and Haiti, and was then joined at PAHO headquarters in Washington, D.C., by Dr. Levon Arevshatian, a

member of the Task Force on Immunization in Africa (TFI). At PAHO headquarters the delegation met with individuals across the organization to learn about the planning and execution of VWA at the Regional level. AFRO is planning to launch their own initiative in 2011. In 2010, Europe implemented its 5<sup>th</sup> Immunization Week and the Eastern Mediterranean Region piloted their first Vaccination Week, with the participation of all Member States. With the addition of Africa next year, the world will be one step closer to the goal of achieving a Global Vaccination Week!



**A.**

A. Dr. Richard Mihigo, during the VWA launching event in the Dominican Republic



**B.**

B. Alba Maria Roper, Regional Advisor on Immunization; Richard Mihigo, AFRO; Mirta Roses, PAHO Director; and Levon Arevshatian, AFRO.

**Appendix 1.** Translated text of the speech given by the mayor of Ganthier, Haiti during the 2010 VWA launching event in Fond Parisien, Haiti.

“Dear Sirs,  
WHO Representative  
Ministry of Health  
International organizations (PAHO/Haiti, UNICEF/Haiti)  
Directors from Ganthier’s health centers

Today I am honored to give this speech in the name of the courageous population of Ganthier.

Today’s ceremony is symbolic because it allows us to strengthen the ties of friendship between the peoples of Haiti and the Dominican Republic.

It is a fact that the history of both countries has been rocky and tumultuous, especially during the 20<sup>th</sup> century.

However, the earthquake on 12 January 2010 that caused sorrow in Haitian families showed, if need be, that Haiti could count on its closest neighbor: the Dominican people.

Hadn’t it been for the immediate help provided by our Dominican brothers during the 24 hours following the earthquake, the outcome would have been much worse. Without the example of solidarity provided by our neighbors, whether in Jímami, in Barahona, or in Santo Domingo (Dario Contreras), we would have had a carnage.

The help from our Dominican brothers has drastically changed the history of both peoples; it has altered the status of relationships between Haiti and the Dominican Republic. Those stereotypes, concocted in Haiti and the Dominican Republic alike, are history after our experience on 12 January.

Over several days, the Dominican medical staff spontaneously came to help the Haitian victims (wounded). How many Haitian would have perished without the rapid intervention from Dominican medical doctors? (René Philoctète: “Le peuple des terres mêlées/“The people of mixed earth”).

Today is time to unite our efforts in favor of the development of both sides of the island, particularly in villages along the border area.

The vaccination campaign launched today must serve as a new starting point for the peoples of Jímani and the commune of Ganthier.

Our children are devastated by malaria, diphtheria, polio. These diseases produce high rates of child mortality.

Children are the future of a country. They must be vaccinated so the nation can grow strong, healthy, looking towards progress.

Today's initiative must be encouraged. Transborder projects must be pursued by authorities in both countries in order to avoid disparities that could prevent sister nations to benefit from harmonious relationships.

Viva Haiti

Viva Dominican Republic

Let's advance toward harmony and progress for both nations.

Thank you.”