



EPI Newsletter

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IMMUNIZE AND PROTECT YOUR CHILDREN

December 2004

XVI Meeting of the PAHO Technical Advisory Group on Vaccine-preventable Diseases: Conclusions and Recommendations

The XVI Meeting of PAHO's Technical Advisory Group (TAG) on Vaccine-preventable Diseases was held 3-5 November 2004 in Mexico City, Mexico. TAG meets every two years and functions as the principal forum for providing advice to PAHO Member States on vaccine policies and disease control efforts. The following is a summary of TAG's technical deliberations and recommendations as presented in the Final Report.¹

Since the last TAG meeting, held in Washington, D.C. in November 2002, the immunization programs of the Region of the Americas have maintained the continent free of indigenous wild poliovirus transmission, have interrupted endemic transmission of indigenous measles virus, and have made great strides toward the goal of eliminating rubella and congenital rubella syndrome (CRS). Over the years, vaccination has saved millions of children and has contributed to a decrease in childhood mortality in the Americas; for the period 1990-1995, there were 51.4 deaths per 1,000 live births, and by 2003 the mortality rate had dropped to 30.7.

TAG acknowledged the remarkable progress achieved by PAHO's Immunization Unit over the last two years in

coordinating technical support to Member States. Activities have included advancing the Directing Council Resolution CD44.R1 in September 2003 for rubella and CRS elimination, organizing ad-hoc expert group meetings on rubella and measles, convening regional and global rotavirus meetings, assisting in the development of country and regional Plans of Action, conducting three country evaluations, organizing and supporting the Vaccination Week in the Americas, and advising on numerous country-based surveillance activities.

¹ For a complete copy of the report, please contact the Immunization Unit or refer to the PAHO Webpage at <http://www.paho.org/english/ad/fch/im/Vaccines.htm>



2004 PAHO Award for Immunization: *Receiving the Award for El Salvador are from left to right, Jorge Mariano Pinto, General Director, El Salvador Institute of Social Security, Dr. Ana Elena Chávez, National EPI Coordinator, and Dr. José Guillermo Maza, Minister of Health. See story on page 7.*



2004 Award for Immunization: *Dr. Nancy Vásquez, EPI Manager, Ecuador, addresses TAG before receiving the Award. Dr. Gina Tambini, Manager, Family and Community Health Area, PAHO and Dr. Jon Andrus, Chief, Immunization Unit, PAHO are standing behind her. See story on page 7.*

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Rubella and Congenital Rubella Syndrome: The New Challenge

In September 2003, PAHO's 44th Directing Council adopted a resolution to eliminate rubella and CRS by 2010 and urged Member States to prepare national Plans of Action in support of that objective. The elimination of rubella and CRS in the Americas has been defined as the successful interruption of endemic transmission of rubella virus in all countries of the Region without the occurrence of CRS cases associated with endemic transmission.

As of July 2004, approximately 99% of new birth cohorts in the Region of the Americas have had access to the combination measles, mumps and rubella vaccine (MMR). Only Haiti has yet to include the rubella antigen in its vaccination schedule. In 2002, all countries of the Region began conducting follow-up campaigns (second immunization opportunity for children aged <5 years) using the measles-rubella vaccine (MR), achieving >90% coverage. Between 1998 and July 2004, the English-speaking Caribbean, Costa Rica, Honduras, El Salvador, Mexico and Ecuador conducted adult vaccination campaigns targeting women and men. Campaigns in Brazil and Chile targeted only women of

childbearing age. The remaining countries in the Region plan to conduct adult vaccination campaigns between 2005 and 2007.

Particular challenges of conducting adult vaccination campaigns included monitoring vaccine safety and ensuring safe immunization practices. Also, since persons cannot donate blood for one month following rubella vaccination, campaigns must be coordinated with blood banks to avoid shortages in blood supply. Since the introduction of the vaccine and launch of vaccination campaigns, rubella incidence has fallen 99.3% - from 135,000 reported cases in 1998 to only 923 in 2003.

While only 18 countries/territories in the Americas reported on CRS in 1998, by 2003 the entire Region was conducting CRS surveillance. In 2004, five of the six indicators for integrated rubella/measles surveillance were >80% at the regional level. High-quality surveillance is essential to the detection of congenital conditions and provision of comprehensive perinatal care. Sensitive surveillance will also improve clinical follow-up and case management of affected children.

Routine Immunization

In spite of social, political and financial challenges, routine immunization coverage at the regional level remains above 90% for all vaccines. However, a significant proportion of municipalities still fall far short of the regional target of 95% coverage. National immunization programs and PAHO support should focus on increasing resources and developing strategies to overcome these inequities.

There is now consensus on the role played by the health sector: to ensure sustainable economic growth and poverty reduction by way of securing access to essential health services. This provides a unique opportunity to expand the reach of immunization programs in the Americas, as the activities of these programs are key public health interventions. At the national level, coverage and surveillance data should be used to measure and enhance the performance of primary health care teams and local sanitary authorities. In this context, TAG recognizes the significant impact that EPI will have on achieving the Millennium Development Goals in the countries of the Americas.

Rubella Recommendations

1. Surveillance

- TAG endorses the rubella/CRS definitions based on the deliberations of the Meeting of the Ad-hoc Panel of Experts in Rubella and Measles held in Washington, D.C. in March 2004 cited in PAHO's EPI Newsletter of April 2004 (*Meeting of Ad-Hoc Panel of Experts in Rubella and Measles*. April 2004, Vol.XXVI, (2), available at http://www.paho.org/english/ad/fch/im/Epi_newsletter.htm). The definitions cited in the measles section of this report also apply in full to rubella elimination.
- For elimination purposes, full integration of measles and rubella surveillance is required; integrated laboratories are

an important aspect of this surveillance system. Emphasis must be on active surveillance. Except in an outbreak setting, all specimens must be tested for both measles and rubella.

- TAG endorses the indicators currently reported in the PAHO Measles/Rubella Bulletin, with the revisions suggested by the March 2004 Ad-Hoc Panel of Experts in Rubella and Measles. Three indicators are particularly critical: the proportion of suspected cases with an adequate investigation, the proportion of suspected cases with an adequate blood sample, and the proportion of transmission chains with representative samples for virus isolation.
- An adequate case investigation includes a home visit within 48 hours of notification, completeness of relevant data (i.e., date of notification, date of investigation, date of rash onset, date sample taken, type of rash, presence of fever, dates of previous measles/rubella vaccinations), and active case searches.
- Efforts to monitor reported measles/rubella cases by age, sex, location, and vaccination status should continue.
- In the context of CRS elimination, high-quality surveillance requires an active component and a sensitive case definition. To guarantee rapid investigation of suspected CRS cases, TAG recommends the following definition of a suspected CRS case: *A health care worker at any level of the health care system should suspect CRS in an infant when (1) one or more of the following birth outcomes are detected: congenital cataracts, congenital cardiac defects, purpura or deafness; or (2) an infant's mother was known to have had laboratory-confirmed or suspected rubella infection during pregnancy. For diagnosis, a more specific definition may be appropriate, with laboratory confirmation remaining the gold standard.*

- During elimination, all suspected CRS cases should have specimens collected for IgM testing and virus isolation.
- TAG recommends that PAHO convene an ad-hoc meeting of experts to determine lessons learned and define good public health practice for establishing CRS surveillance. Issues to consider include review of existing literature and country experience, as well as reaching out to tap the expertise of professionals in various fields who come into contact with CRS-affected children. This includes, but is not limited to, ophthalmologists, cardiac surgeons, schools for the deaf, otorhinolaryngologists, and pediatric infectious disease specialists. This meeting should help to refine surveillance approaches and case detection strategies, for instance the use of low-birth weight as an investigation trigger to narrow the scope of perinatal screening.
- Collaboration with the regional Perinatology Information System of the Latin American Center for Perinatology and Human Development (CLAP) and the Latin American Collaborative Study of Congenital Malformations (ECLAMC) should help strengthen surveillance.
- TAG recommends further research on testing algorithms and evaluation of alternative clinical specimens such as oral fluids and dried blood spots. Furthermore, indicators and strategies should be reviewed in the context of country experience with integrated surveillance. The impact of the rubella elimination initiative on strengthening health services, particularly services for women, should also be documented.

2. Vaccination Strategies

- TAG encourages the implementation of one-time mass vaccination campaigns in both men and women in all remaining endemic countries. The age group to be vaccinated, whether 15-29 years of age, 15-39 years of age, or else, should be determined based on the likely susceptibility of adults. This would depend on the year of introduction of the MMR vaccine in the national schedule, the extent of follow-up MR or MMR vaccination campaigns to maintain measles elimination, and the rubella epidemiology in the country. The TAG commends the countries that have successfully conducted adult mass vaccination campaigns.
- The countries that have conducted mass vaccination campaigns only in women will need to determine the extent of the virus transmission and susceptibility in men, and develop appropriate strategies to reduce the number of rubella-susceptible men.
- Substantial evidence has accumulated from many studies, including recent studies in Brazil and Costa Rica, indicating that there is no identifiable link between vaccinating pregnant women and giving birth to a child with CRS. Therefore, there is no reason to modify the current approach of vaccinating all women of childbearing age (WCBA) during campaigns. Brazil and Costa Rica should be congratulated on their studies and encouraged to submit their findings for publication.

3. Laboratory

One day prior to the TAG Meeting, the PAHO Measles/Rubella Laboratory Network met to discuss a number of technical and logistical issues. Recommendations emerged

relating to IgM kit selection, viral isolation and genotyping, preferred sample types, laboratory accreditation, classification of vaccine-related cases, treatment of false positives, treatment of suspected cases in pregnant women, and laboratory monitoring. These recommendations can be found in Annex 2 of the TAG final report.

Measles

In the 10 years since the goal of measles elimination was adopted, measles incidence has decreased by more than 99% in the Americas. The Venezuelan outbreak in 2002 can be viewed as the last instance of widespread endemic transmission of the measles virus in the Americas. However, the recent outbreak in Mexico encourages all countries in the Region to improve immunization coverage and surveillance as the best protection against importations.

Recommendations:

Recognizing that endemic measles virus transmission has likely been interrupted in the Americas, TAG reaffirms the need for a continued commitment of health authorities and workers toward sustaining past achievements.

- To avoid outbreaks, coverage rates with measles-containing vaccine must be maintained at >95% in all municipalities. Improving coverage with the first dose may be accomplished through implementation of specific strategies in high-risk districts. High-quality nationwide follow-up campaigns should also be conducted every 3 to 4 years in order to maintain population immunity. Additionally, supplemental immunization activities should target low-coverage municipalities and under-served or hard-to-reach population groups.
- To harmonize practices among countries, TAG endorses the definitions of elimination, re-establishment of endemic transmission and imported/import-related cases recommended by the Meeting of the Ad-hoc Panel of Experts in Rubella and Measles held in Washington, D.C. in March 2004.
- To guarantee transparency and foster mutual trust, TAG encourages countries to share with PAHO's Immunization Unit information on all aspects of their immunization programs. Such information includes, but is not limited to, case-based surveillance, laboratory data, and vaccine coverage data.
- Three surveillance indicators are particularly critical: proportion of suspected measles cases with an adequate investigation, proportion of suspected cases with an adequate blood sample, and proportion of transmission chains with representative samples for viral isolation.
- An indicator for rate of febrile eruptive illnesses investigated should be established, based on the experience in the countries.
- PAHO should review logistical and other issues which are barriers to submitting samples in a timely fashion.
- The TAG recognizes the work of the Secretariat in updating the Measles Field Guide, as well as field guides for polio,

rubella and other vaccine-preventable diseases, in 2004. The TAG encourages the use of these guides in training and updating the skills of health personnel.

- An ad-hoc group should be established to review past experience and to identify best practices in measles surveillance and vaccination.

Poliomyelitis

The countries of the Americas have taken steps aimed at achieving high polio vaccine coverage in every district, as well as promptly detecting the circulation of Sabin vaccine-derived viruses in the Region. The proportion of adequate specimens remains at approximately 80% and the rate of acute flaccid paralysis (AFP) continues to be above 1/100,000 children aged <15 years. However, the 2004 AFP rate for the Region has shown an alarming decrease compared to 2003.

Recommendations:

- Countries of the Americas must maintain adequate AFP surveillance, sustain high OPV coverage in every municipality, strengthen the polio laboratory network, and comply with the Plan of Action for Laboratory Containment of Wild Poliovirus.
- The TAG reiterates previous recommendations and states that OPV must remain the vaccine of choice for the final phase of global polio eradication. OPV provides intestinal immunity, is substantially less expensive than IPV, is easy to administer, and protects contacts in the family and community, thereby conferring herd immunity.
- PAHO should not consider any change in current OPV policy of the Region until the world is certified polio-free.
- The Region should advance in the post-certification period in close accordance with the global policies stated by the Global Certification Commission on Polio Eradication.
- Ideally, all polio vaccination should be stopped globally after the world is certified polio-free. Based on an analysis of the risks and strategic options, in September 2003, a World Health Organization (WHO) Advisory Group recommended that plans be developed and steps be taken to prepare for the coordinated cessation of OPV use for routine immunization after the global interruption of wild poliovirus transmission. However, given that polio is still circulating in the world, the countries of Latin America and the Caribbean should continue to use OPV in their routine program to maximize population immunity until global polio eradication is achieved.
- An analysis of the vaccine-associated paralytic paralysis (VAPP) case incidence in the Region of the Americas should be presented at the next TAG meeting. That information should be used to better evaluate the risk that countries will face during the end game.
- PAHO should continue to more accurately define the cost-effectiveness of the post-certification vaccination options with concomitant analysis of opportunity costs.
- AFP cases need to be classified in a more timely fashion to reduce the unnecessary accumulation of pending cases being reported in the PAHO bulletin.

Polio Laboratory

One day prior to the TAG Meeting, the PAHO Polio Laboratory Network met to evaluate the status of the network and to define actions to be taken in order to improve it. TAG endorses the report of the Polio Laboratory Network Meeting, which can be found in Annex 3 of the TAG final report.

Neonatal Tetanus

The elimination of neonatal tetanus (NNT) as a public health problem has been achieved in the Americas. The incidence has dropped 95% from 1988 to 2003. Less than 0.07% of all districts still have an incidence rate above 1 case per 1,000 newborns.

The TAG reinforces its previous recommendations regarding NNT and considers that a single NNT case in the Americas should be considered a failure of the health services. All cases should be subject to thorough evaluation to determine how future cases can be prevented.

Recommendations:

- Countries must maintain a >90% coverage of Td vaccine in WCBA in every district.
- An adequate surveillance system must be ensured to guarantee the accuracy of reported incidence of NNT.
- All NNT cases should be fully investigated. Information about the mother's age, immunization history, recent migration, missed opportunities to vaccinate and ethnic group should be used at the national and local level to identify remaining high-risk groups.
- The national plan to eliminate maternal and neonatal tetanus in Haiti must be implemented and deserves the full support of the international community. PAHO should continue to use every avenue available to assist Haiti in strengthening its health infrastructure.

***Haemophilus influenzae* type b (Hib)**

Considerable progress has been made with the introduction of the vaccine against *Haemophilus influenzae* type b (Hib) in the Region, mostly in combination with DTP + Hib (Pentavalent). More than 95% of the countries have included the vaccine in routine immunization programs, obtaining high levels of vaccination coverage and a significant reduction in the incidence of the disease.

Recommendations:

- Countries that are not yet using the Hib vaccine should make every effort to introduce it into their routine immunization programs.
- Countries that are already using the Hib vaccine should monitor and report vaccination coverage and Hib cases in order to evaluate the impact of the intervention.
- TAG recommends establishing sustainable financial mechanisms to maintain vaccination against Hib. Purchasing this vaccine in combination with DTP or DTP/HepB through PAHO's Revolving Fund can result in significant cost-savings and thus improving sustainability.

Recommendations for Other Diseases

1. Yellow Fever

- Countries with enzootic areas should view yellow fever as a public health priority, providing political, technical, and financial support for the implementation of national plans for yellow fever prevention and control.
- Epidemiological surveillance of yellow fever virus circulation should be strengthened both in enzootic and non-enzootic areas to allow rapid implementation of outbreak control measures when a human case or an epizootic is detected.
- To enhance the early detection of yellow fever virus circulation, the implementation of epizootic and febrile icteric syndrome surveillance in both enzootic and non-enzootic areas is advised.
- The yellow fever vaccination plan should target 100% of the population residing in enzootic areas and areas that are the source of migration into enzootic areas. Yellow fever coverage in these areas should be maintained at >95% among children aged 1 year, as should measles coverage.
- The maintenance of low infestation rates of *Aedes aegypti* is important, not only to prevent the reurbanization of yellow fever, but also to avoid extensive outbreaks caused by the dengue virus.
- An adequate yellow fever vaccine stock should be maintained both for the regular program and campaigns, with reserves for control of possible outbreaks.
- Epidemiological monitoring of adverse events attributable to the yellow fever vaccine should be strengthened.

2. Diphtheria

- Occurrence of endemic diphtheria is evidence of low vaccination coverage. Experience from the outbreak in the former Soviet Union indicates that mass vaccination campaigns directed at susceptible age cohorts are effective in stopping diphtheria. Therefore, countries with diphtheria are encouraged to take an aggressive approach to improving coverage with DTP vaccine through a combined approach of mass vaccination efforts and strengthening of routine services.

3. Pertussis

- To prevent pertussis outbreaks, high vaccination coverage must be achieved and maintained at the district level. Countries are encouraged to strengthen surveillance and laboratory capacity to confirm diagnosis through culture of *B. pertussis*, thereby contributing to stronger surveillance.
- PAHO should encourage the use of World Health Organization (WHO) standardized case definitions and surveillance and laboratory guidelines.

4. BCG Vaccination²

- Countries should vaccinate with BCG at birth since it increases protection against severe disease in the first year of life.
- Primary vaccination with BCG after the first year of life is not recommended as the protection afforded is less than when given at birth.
- Those children with a documented dose of BCG who do not develop a scar do not need to be revaccinated.
- The TAG supports the WHO and UNION recommendation not to revaccinate or administer booster doses.

5. Influenza

- Countries should establish and strengthen epidemiological surveillance of influenza and other acute respiratory infections to determine the characteristics of virus circulation in the countries. This recommendation is particularly important in tropical areas where more information is needed to understand the pattern of viral circulation. Gathered information will guide adequate vaccine formulation appropriate timing for vaccine administration; it will also allow countries to better measure the impact of the intervention.
- PAHO recommends that older adults, chronically ill individuals, immunodeficient populations, health professionals, pregnant women, and children aged 6-23 months be vaccinated; priority should be given to people aged ≥60 years.
- Countries should conduct studies that document the disease burden and economic impact of annual influenza epidemics. It is anticipated that results will support influenza immunization policies within the context of other national health priorities.
- All the countries of the Region should develop plans, in accordance with WHO guidelines, to respond to an influenza pandemic. The recent epizootic in Asia, with the occurrence of human cases of avian flu, characterized by high case-fatality rate, demonstrated the need for countries to be prepared for a possible pandemic.
- To help countries deal with the challenges related to influenza vaccine, PAHO should convene a group to consider issues of vaccine development, production, and procurement, and to make recommendations.

National EPI Evaluations

Evaluations of national Expanded Programs on Immunization (EPI) have been promoted by PAHO since the 1980s. They have been implemented on a more frequent basis since 1996. These evaluations, conducted by a team composed of national authorities and international partners, allow the identification of strengths and weaknesses in every component of the national EPI. Specific recommendations for program improvement are the outcome of these evaluations.

Recommendations:

- PAHO should continue to conduct national EPI evaluations

² For further information regarding BCG recommendations, please see EPI Newsletter: *Current Recommendations for the Use of BCG to prevent Severe Tuberculosis*. June 2004, Vol. XXVI (3), available at http://www.paho.org/english/ad/fch/im/Epi_newsletter.htm.

New and Under-utilized Vaccines

When the introduction of new vaccines is considered, the following issues must be addressed: disease burden, risk groups, studies of cost-effectiveness, vaccine availability, possible adverse events attributable to the new vaccine, the vaccine's impact on national budget and cold chain, effects on the vaccination schedule, adequacy of surveillance, political commitment, and financial sustainability. These are fundamental factors for all countries that are considering the introduction of new vaccines.

General Recommendations:

- All countries of the Region should continue to develop disease surveillance systems. The captured information will help estimate disease burden and provide mechanisms for public health interventions. The TAG identifies as a priority surveillance for influenza, pneumococcal disease, meningococcal meningitis, rotavirus infection, hepatitis A infection, and varicella-zoster infection.
- All national EPIs should establish scientific advisory committees to assess risks and benefits and prioritize issues related to vaccine introduction.
- National committees on immunization practices (NCIP) should participate fully in this assessment process. Special attention should be given to financial sustainability when new vaccine introduction is being considered.
- Once a new vaccine is introduced, TAG emphasizes the commitment to maintain a permanent vaccine supply and surveillance activities to monitor the impact of the intervention.

Rotavirus

Rotavirus (RV) is one of the most common causes of severe diarrhea worldwide and accounts for >600,000 estimated deaths per year (approximately 5% of all deaths among children aged <5 years). Of those, 82% occur in developing countries. In the Region of the Americas, RV diarrhea constitutes an important public health problem in a majority of the countries, causing >15,000 deaths and 75,000 hospitalizations per year.

At the 6th International Rotavirus Symposium in Mexico in July 2004, representatives of Ministries of Health called upon PAHO and the PAHO Revolving Fund to facilitate the introduction of vaccines against rotavirus, at prices accessible to all countries of the Region and as soon as a vaccine becomes available.

Recommendations:

- PAHO should support the accelerated studies of rotavirus epidemiological surveillance that have been initiated in some countries of the Region. Those countries that have not begun studies should do so as soon as possible, following the WHO generic protocol for rotavirus surveillance.
- Methodology for economic studies such as cost-benefit and cost-effectiveness should be standardized to facilitate comparison between countries.

- A surveillance database should be created to enable comparison of results from different studies in the Region. The database would be similar to those that exist for polio, measles and rubella. Identification of the most frequent rotavirus genotypes and serotypes circulating in the Region will help to better define the most appropriate vaccine.
- PAHO should convene a meeting of Ministers of Health and Ministers of Finance of 10-12 countries in the 1st half of 2005 to discuss the economics of RV vaccine introduction.
- Final results on vaccine safety need to be thoroughly evaluated.

Pneumococcus

Globally, pneumococcal disease is estimated to cause 1.6 million deaths, 800,000 of which occur in children. The rates of invasive disease are highest in children aged <2 years, but disease continues to occur in other age groups and particularly among the elderly.

Population-based studies using health facilities with well-defined catchment populations are valuable in determining the incidence of pneumonia. A combined approach of using clinical criteria and radiological image facilitates the diagnosis of probable bacterial pneumonias. Nevertheless, only three studies in Brazil, Uruguay and Argentina - all supported by PAHO and PATH - have been completed. The IV Regional Workshop on Pneumococcus Epidemiological Surveillance met two days before the TAG Meeting to review the current status of pneumococcus surveillance in the Americas.

Recommendations:

- Strengthen the overall laboratory capacity to maintain the high level of performance achieved thus far by the surveillance network.
- Strengthen the clinical and epidemiological components of surveillance.
- According to capacities, undertake one or more of the following at key surveillance centers: economic studies, surveillance of pneumococcal disease in adults, and strengthening of population-based component.
- Support PAHO's role in the regional coordination for oversight of the surveillance network, including country meetings, mobilization of pediatric societies, and supervisory site visits.

Human Papillomavirus (HPV)

Carcinoma of the uterine cervix remains a significant cause of morbidity and mortality among women in the Region of the Americas. Although a human papillomavirus (HPV) vaccine for the prevention of cervical cancer is not yet available, PAHO must encourage member countries to discuss advancement made in this area. At the appropriate time, countries should start rational planning for vaccine introduction, focusing on surveillance and disease burden.

(from page 5)

in the Region and promote the use of the results as a tool to elaborate annual EPI Plans of Action, as well as to strengthen strategic alliances. Also, repeated national EPI evaluations should be used as an instrument to evaluate progress over time.

- The TAG recommends refining the performance criteria for political commitment in view of regional progress. Political commitment cannot be assessed solely by the presence of a vaccine law and/or national budget line item for vaccines in the country. Staffing levels and the amount of resources assigned to logistical support should also be considered.

Vaccination Safety

As the incidence of vaccine-preventable diseases is reduced, thanks to effective vaccination programs, adverse events supposedly attributable to vaccination or immunization will become more prominent. In 2003, immunization safety training workshops were held in Peru, Ecuador, and the English-speaking Caribbean. Participants from 21 countries attended, including 183 professionals from the areas of immunization, epidemiology, and communications, as well as representatives from the national regulatory authorities.

Recommendations:

- In order to measure progress in the implementation of the monitoring system for vaccination safety in the countries, the following indicators have been proposed: percentage of serious adverse events investigated within 24 hours and the rate of adverse events classified as program errors. At the next TAG meeting, country experiences in using these

indicators should be presented and evaluated.

- Environmental regulations should be developed and enforced, as they are crucial to promoting appropriate disposal of needles and syringes.

Vaccination Week in the Americas

Vaccination Week in the Americas (VWA) began as a proposal by the Ministers of Health of the Andean Region, in response to a measles outbreak that occurred in Venezuela and Colombia in 2002. This annual event was endorsed by PAHO's 44th Directing Council in 2003 through Resolution CD44.R1. The underlying principles of the VWA are equity, access, and pan-Americanism. Vaccination activities target indigenous populations and ethnic minorities, municipalities with low coverage, and areas that are remote, around borders, or on the urban fringe.

Recommendations:

- Guarantee the sustainability of VWA by including it within the national EPI Plans of Action and using it to support rubella/CRS elimination in the Region.
- Maintain the VWA as a strategy to strengthen immunization programs throughout the Region, increase visibility, and encourage advocacy in the political agenda.
- Target interventions in population groups traditionally under-served.
- Through operational evaluations, document the reduction in vaccination inequities by determining VWA contributions reaching zero-dose children.

2004 PAHO Award for Immunization

The immunization programs of El Salvador and Ecuador are the joint recipients of the fifth PAHO Award for Immunization (see pictures on page 1). This award recognizes outstanding technical contributions to a national immunization program and to a country's efforts in controlling and eliminating vaccine-preventable diseases. It includes a certificate and a monetary gift of US \$3,000.

The PAHO Award for Immunization was established in 1993, following the receipt of the Prince Mahidol Award by Dr. Ciro de Quadros, former Director of PAHO's Immunization Unit, for his contribution to the 1991 eradication of poliomyelitis in the Western Hemisphere, the first Region in the world to achieve this goal. A portion of the monetary component of the Prince Mahidol Award was matched with funds from PAHO to establish an annual Award for Immunization. Selection for the award is conducted by a Committee integrated by the members of PAHO's Technical Advisory Group on Vaccine-preventable Diseases (TAG).

The immunization programs of El Salvador and Ecuador were rewarded for their successful vaccination campaigns against rubella and congenital rubella syndrome (CRS). Both countries launched their campaigns in late spring 2004 and

targeted the adult population. In Ecuador 2,469,877 men and 2,347,727 women aged 16-39 years were vaccinated with the measles-rubella (MR) vaccine. For more details on the campaign in Ecuador, see the October issue of the *EPI Newsletter*¹. In El Salvador, 2,796,301 men and women aged 15-39 years were vaccinated. During the first two weeks, the MR vaccine was administered to the captive population (workplaces, education centers, and heavily-trafficked locations), and door-to-door vaccination followed.

Adult vaccination (targeting adolescents and adults) is qualitatively different from child vaccination and requires new approaches in order to reach the target population. However, experience shows that it is feasible to achieve high coverage levels among that group. Adult measles/rubella campaigns yield a number of lessons that can be applied to future vaccination campaigns targeting the adult population (hepatitis B, influenza, and human papillomavirus).

¹ EPI Newsletter: *Vaccination of Adults to Sustain the Interruption of Measles Transmission and to Eliminate Rubella and Congenital Rubella Syndrome in Ecuador*: October 2004, Vol. XXVI (5): 1-3 available at http://www.paho.org/english/ad/fch/im/Epi_newsletter.htm.

In Memoriam: Dr. John La Montagne, Member of the PAHO Technical Advisory Group on Vaccine-preventable Diseases

Technical Advisory Group (TAG) member, Dr. John La Montagne died in the Mexico City airport upon arrival on Tuesday night, 2 November 2004. He was 61. Dr. La Montagne was on his way to attend the XVI TAG Meeting on Vaccine-preventable Diseases held in Mexico City last month.

Dr. La Montagne was Deputy Director of the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), a post he held since February 1998. At the time of his death, he was overseeing a budget of about US \$4 billion to support research into such infectious diseases as HIV/AIDS, influenza, tuberculosis, malaria, and illness from potential agents of bioterrorism.

Dr. La Montagne received his Ph.D. in microbiology from Tulane University in 1971. In 1976, he joined NIH as the Influenza Program Officer at the NIAID. He became the Program Officer for the Viral Vaccines Program in 1983, and the Influenza and Viral Respiratory Diseases Program Officer in 1984. Beginning in 1986, Dr. La Montagne assumed the role of Director of the AIDS Program. In 1987 he was appointed Director of the Microbiology and Infectious Diseases Program.

On the first day of the TAG Meeting, the TAG and meeting participants noted Dr. La Montagne tremendous contribution to public health and observed a moment of silence in his memory.



Dr. La Montagne made significant contributions to the national and international effort against emerging and re-emerging infectious diseases, including biodefense-related activities, and has been recognized internationally for his leadership in this area. He played a central role in the organization of the Multilateral Initiative on Malaria, an international effort involving research, control, and development agencies from the U.S., Europe, and Africa. In addition, he served as a member of the Scientific Advisory Groups of Experts on Vaccines and Biologicals for the World Health Organization (WHO). He chaired the WHO Task Force on Strategic Planning for the Children's Vaccine Initiative, and served as a member of the board of the Global Alliance for Tuberculosis Drug Development.

James M. Hughes, director of the National Center for Infectious Diseases at the Centers for Disease Control and Prevention, said of Dr. La Montagne "His style was more to work calmly behind the scenes to make things happen, rather than to be prominent in the limelight, but that sort of fits with this

personality." Tommy G. Thompson, Secretary of the Department of Health and Human Services, the parent agency of NIH, said of Dr. La Montagne that he was "a true public health hero whose leadership, especially in the realm of infectious diseases, left the world a healthier place. His passing is a tremendous loss for all of us."

The EPI Newsletter is published every two months, in Spanish, English and French by the Immunization Unit of the Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization (WHO). Its purpose is to facilitate the exchange of ideas and information concerning immunization programs in the Region, in order to promote greater knowledge of the problems faced and their possible solutions.

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