

# Vaccination

2012

Vaccination Week in the Americas

**For you, for me, for everyone. Get vaccinated.**



21-28 April 2012  
Final Report



**Comprehensive Family Immunization**  
Family and Community Health Area



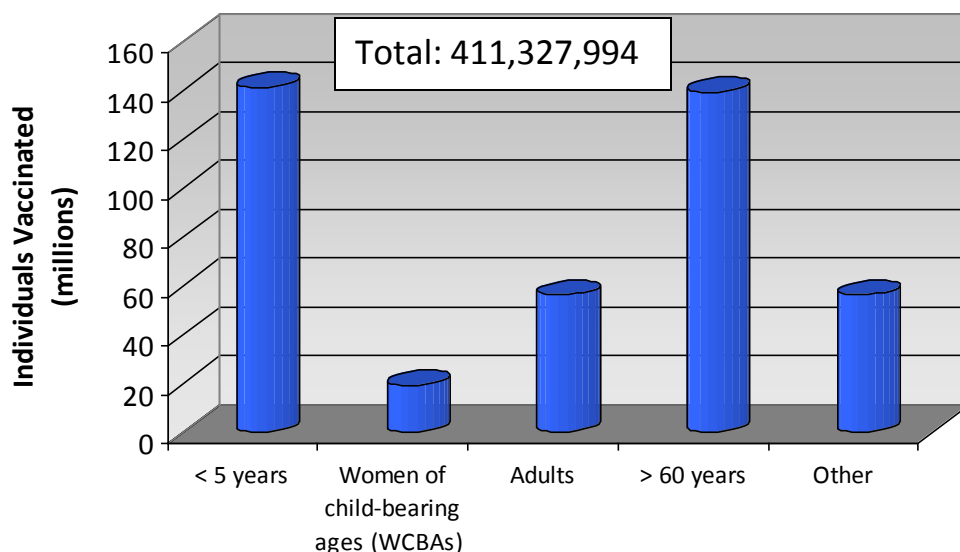
## A. Background

This year marked the 10<sup>th</sup> annual celebration of Vaccination Week in the Americas (VWA), which took place from 21 to 28 April. Over the last decade, VWA has grown to become the largest multinational health initiative in the Region, thanks to the political commitment of governments and the dedication of countless health care workers. VWA is designed to be a flexible initiative, enabling countries to select their activities each year in accordance with national public health priorities, while also taking into consideration the overarching VWA objectives, which are:

- To advance equity and improve access to vaccination for people of all ages through outreach to underserved and marginalized communities
- To increase vaccination coverage of all antigens to prevent disease outbreaks
- To raise awareness on how immunization saves lives and to keep the topic on the political agenda
- To promote the transition from child to family immunization

The idea for what would evolve into VWA was sparked by the last outbreak of measles in the Americas linked to endemic transmission, which occurred between Colombia and Venezuela during 2001 and 2002. This health crisis was an urgent reminder that the high national vaccination coverage achieved by countries throughout the Region could easily mask the existence of low coverage, at-risk municipalities, where a single imported disease case could trigger larger outbreaks among the susceptible population. The reappearance of measles also underscored the need for a coordinated international response to prevent future such outbreaks, as disease transmission does not respect political boundaries. In a meeting in Sucre, Bolivia, in April of 2002, the Ministers of Health of the Andean countries ratified a number of actions to avoid the resurgence of measles in the Americas; among these was a decision to coordinate a simultaneous vaccination week initiative in the Andean sub-region. Efforts to promote and expand upon this proposal were made over the following months, and in 2003 the first VWA was celebrated, with the participation of 19 countries. Over the subsequent 10 years, VWA has grown to include the participation of all countries and territories in the Region and resulted in the vaccination of more than 411 million individuals in campaigns conducted under its framework (Figure 1).

**Figure 1.** A regional summary of individuals vaccinated under the framework of VWA activities by general population groups, 2003-2012\*



\*As of 5 December 2012

## B. A global achievement: the first celebration of World Immunization Week

The successful experiences of the Americas during VWA have also served as a model for other Regions of the World Health Organization (WHO) in the creation of sister initiatives, each of which has been adapted to focus on the specific needs of their Member States. This growing global movement culminated with another milestone in 2012-the first celebration of World Immunization Week



(WIW)-coordinated through WHO headquarters in Geneva. In May 2012, WIW was endorsed during the 65<sup>th</sup> World Health Assembly (WHA) through Resolution 65.18 (Annex 1). WIW is intended to serve as the overarching framework to unite all global efforts and will not replace VWA or any of the other unique regional initiatives (European Immunization Week, Vaccination Week in the Eastern Mediterranean, African Vaccination Week and Vaccination Weeks in the Western Pacific and South East Asia). For more information on WIW and the 2012 activities, please see:

[http://www.who.int/immunization/newsroom/events/immunization\\_week/en/index.html](http://www.who.int/immunization/newsroom/events/immunization_week/en/index.html)

## C. VWA Launching Events, 2012

Dozens of celebrations were held throughout the Region to launch VWA 2012 and were carried out in a variety of locations, from bi-national and tri-national borders, to large metropolitan areas and small towns, in countries such as Argentina, Bermuda, Colombia,



Cuba, Curacao, the Dominican Republic, Honduras, Jamaica, Nicaragua, Panama, Peru and St. Maarten, among many others. Such events frequently counted on the participation of both high level authorities and local leaders, and also served to underline the importance of immunization to the participating communities and media outlets. Several high profile regional VWA events were also held in 2012, with the participation of executive-level PAHO management. They included:

**On 13 April**, an early VWA event was held in Cartagena, Colombia in the context of the VI Summit of the Americas. Held in the city’s convention center, following a forum on social actors, participants included PAHO’s Director, Dr. Mirta Roses Periago; the Director for Latin America and the Caribbean of the United Nations Development Program (UNDP), Heraldo Muñoz; the Executive Director of the Economic Commission for Latin America and the Caribbean (ECLAC), Alicia Bárcena; the Ibero-American Secretary General, Enrique Iglesias; and representatives from Colombian institutions, non-governmental organizations, and indigenous communities, among others. On display at the same venue was an exhibit entitled, *Vaccination: An Act of Love*, which chronicled the last nine years of Vaccination Week in the Americas through selected photographs.

Two days later, on **15 April**, a second VWA event was held at the Juan Felipe Gomez Escobar Foundation in Cartagena for the first ladies of the Region. Participants included the First Ladies of Canada, Colombia, Guyana, Mexico, and St. Vincent and the Grenadines.

**A.**



**B.**



**C.**



**A.** PAHO Director, Dr. Mirta Roses Periago along with Alicia Bárcena, ECLAC Executive Secretary, Enrique Iglesias, Ibero-American Secretary General, Heraldo Muñoz, UNDP Director for Latin America and Caribbean launch the 10<sup>th</sup> VWA during the 2012 Summit of the Americas in Cartagena, Colombia. **B.** Images from the exhibit, “*Vaccination: An Act of Love*”, which chronicled the last nine years of Vaccination Week in the Americas through selected photographs taken by PAHO staff and the Ministries of Health in the Americas. **C.** The First Lady of Mexico, Mrs. Margarita Esther Zavala Gomez, administers an oral polio vaccine during a VWA launching event in Cartagena, Colombia.

On **21 April**, a launch celebration was held in Port-au-Prince, Haiti, a location selected to highlight the health situation of Haitian communities after the earthquake and cholera outbreak of prior years. In addition to Haiti's Minister of Health and PAHO's Director, the event counted on high level participation from organizations such as the GAVI Alliance, the United Nations Children's Fund (UNICEF), and the United States' Centers for Disease Control and Prevention (CDC). As part of the event, hundreds of school children carried flags from countries around the world, in representation of the now global reach of Vaccination/Immunization Weeks. The Haitian launch also marked the beginning of several months of intensification of vaccination activities in the country, in order to boost coverage with measles/rubella and polio vaccines, as well as administer Vitamin A and deworming treatments.



PAHO Director, Dr. Mirta Roses Periago, joined Haiti's Health Minister and Dagfinn Hoybraten, Chair of the Board of the GAVI Alliance, at the Port-au-Prince Vaccination Week launch.

On **23 April**, a joint launch of VWA and the United States' sister initiative, National Infant Immunization Week (NIIW) was held in Laredo, Texas. PAHO's Director of Administration, Mr. Guillermo Birmingham, was in attendance, as were local, state and national health and political authorities from Mexico and the United States. During the launch, invited speakers presented on the immunization-related accomplishments and challenges across the border region, as well as the history of both initiatives. In addition to this launch, a wide variety of vaccination-related celebrations, trainings and activities were carried out along this border in celebration of VWA/NIIW 2012 and were supported by US/Mexico Border Health Commission, the Department of Health and Human Services of the United States, the Secretariat of Health of Mexico, the PAHO/WHO U.S.-Mexico Border Office and 10 border-state health departments.

Additional regional celebrations for VWA 2012 included a Central American launch, held on **27 April** in La Palma, Chalatenango, El Salvador, near the tri-national border between El Salvador, Honduras, and Guatemala. This event was attended by PAHO's Assistant Director, Dr. Socorro Gross Galiano, the President and Minister of Health of El



The president of El Salvador, Carlos Mauricio Funes and the Minister of Health, Maria Isabel Rodriguez vaccinate a child during the VWA launch.

Salvador, and the Ministers of Health of Honduras and Guatemala, along with their delegations. The Regional Director of UNAIDS was also in attendance. Other nearby celebrations included a national event held two days prior in Tegucigalpa Honduras; in addition to PAHO's Assistant Director and Honduran authorities, participants included Mr. Bill Gates Senior, who attended in

representation of the Bill and Melinda Gates Foundation.

The final (sub) regional launch of 2012 occurred on **4 May**, in Bridgetown, Barbados. Participants included the Ministers of Health from Barbados, St. Vincent and the Grenadines, St. Lucia, and the British Virgin Islands, authorities from UNICEF, the Caribbean Community and PAHO, as well as local school children.

#### D. Country Vaccination Results, VWA 2012

As in years prior, the countries and territories of the Region used VWA 2012 to implement a wide range of activities, ranging from national campaigns administering millions of vaccine doses, to focused communication and educational efforts. As of 5 December 2012, countries and territories had reported that approximately 46 million individuals of all ages had been vaccinated as part of VWA 2012-related efforts. Despite the diverse array of activities, many country efforts can be categorized according to three strategic areas of PAHO's Regional Immunization Vision and Strategy (RIVS), namely,

1. *Efforts to protect the achievements;*
2. *Efforts to complete the unfinished agenda;*
3. *Activities to face new challenges in immunization* (Table 1).

For a summarized list of country efforts during VWA from 2003-2012, see Annex 2.

**Table 1.** General categorizations of country campaigns completed as part of Vaccination Week in the Americas 2012, organized according to the Regional Immunization Vision and Strategy (RIVS).

Pillars of the RIVS	General categories of country efforts	2012
Protecting the achievements	Elimination of measles, rubella and congenital rubella syndrome (CRS)	Bolivia, Dominican Republic, Ecuador, El Salvador, Honduras, Haiti, Jamaica, Mexico, Nicaragua,
	Eradication of polio	Cuba, Dominican Republic, Haiti, Honduras, Mexico, Nicaragua
	Completion of childhood schedules*	Argentina, Brazil, Colombia, El Salvador, Honduras, Mexico, Nicaragua, Panama, Peru, Suriname, Venezuela
Completing the unfinished agenda	Prevention of seasonal influenza	Argentina, Belize, Brazil, Colombia, Ecuador, El Salvador, Grenada, Panama, Paraguay, Peru, Trinidad and Tobago, Uruguay, Venezuela
	Elimination of neonatal tetanus	Brazil, Colombia, El Salvador, Honduras, Mexico, Nicaragua, Panama, Peru, Venezuela

	<b>Protection of occupational risk groups</b>	Belize, British Virgin Islands, Dominican Republic, Grenada, Panama, St. Kitts and Nevis, St. Vincent
<b>Facing new challenges</b>	<b>Introduction of new vaccines</b>	Bahamas, Paraguay

**Source: Country Reports to FCH-IM, PAHO**

\*For this categorization, completion of childhood schedules refers to widespread activities to complete the primary vaccination series in children less than 5 years of age. Many countries and territories in the English-speaking Caribbean also work to locate vaccination defaulters and to complete schedules, but often, due to high coverage and small populations, efforts are smaller scale and focused on older age groups, such as elementary school students and adolescents (for booster doses). Examples of such activities can be found in further detail below.

Due to the depth, breadth and overlapping nature of country activities, the following section is not meant to be a comprehensive summary of VWA results, but instead provide a sampling of countries' achievements under the framework of VWA 2012.

1. Protecting the achievements: polio eradication, measles, rubella and CRS elimination, diphtheria and hepatitis B control, and completion of vaccination schedules.

Cuba, the Dominican Republic, Haiti, Honduras, Mexico, and Nicaragua took advantage of VWA 2012 to implement campaigns to indiscriminately vaccinate children against **polio**. While it has been 18 years since polio was eliminated from the Americas, countries must continue to be vigilant, due to the ever-present risk of disease importation from regions where poliovirus continues to circulate.

Selected country results include:

- As part of their 51<sup>st</sup> national polio campaign, Cuba administered 525,062 doses of oral polio vaccine (OPV); three-quarters of these doses were applied to children aged between one month and three years, while the remainder was given as booster doses to children at nine years of age.
- In the Dominican Republic, OPV was indiscriminately administered to children less than three years of age at the national level; special emphasis was given to priority areas, i.e. those populations living in mountainous and rural zones and migrant communities. Strategies employed by the Dominican Republic included institutional vaccination, mobile posts (established for every 500-700 houses) and house-to-house vaccination via two-person brigades in the hardest-to-reach areas.
- As part of their Second National Health Week, Mexico administered more than nine million doses of polio vaccine, while Haiti, Honduras, and

Nicaragua administered approximately 3,000,000, 900,000 and 650,000 doses, respectively in the weeks surrounding VWA.

\*\*\*

Vaccination campaigns to protect and sustain the elimination of **measles, rubella and CRS** in the Americas, were undertaken by Bolivia, Dominican Republic, Ecuador, El Salvador, Honduras, Haiti, Jamaica, Mexico, and Nicaragua in the weeks surrounding VWA 2012. Specific country results include:

- In order to improve upon vaccination coverage obtained the year prior, and to reach remaining susceptible children, Bolivia took advantage of VWA to implement a one-day intensive campaign, or “Vacunación” activity, during which the national immunization program vaccinated 160,118 children less than five years of age.



Source:  
Ministry of Health, Bolivia

- In the Dominican Republic, additional efforts targeted adults working in the tourism industry as well as migrant populations for measles-rubella vaccination (MR). The national immunization program collaborated with the tourism industry and provided special certifications to those hotels who complied with having 95% of their workers vaccinated. Additionally, the Ministry of Health worked with non-governmental organizations (NGOs) and community groups, to vaccinate migrants who typically have limited or no access to regular health services within the country, but whose travel places them at high risk for spreading disease across international borders.
- Ecuador targeted children from six months to 14 years of age, reaching 560,604 children and adolescents at the national level.
- In Haiti, more than three million children aged nine months-nine years were vaccinated as part of the country’s national intensification of immunization effort.

\*\*\*

Efforts to control **Hepatitis B** infection were continued in 2012 in several countries, including:

- In Peru, national authorities implemented a multi-faceted vaccination campaign during VWA 2012; in addition to administering the vaccine as part of the completion of childhood schedules, the country also targeted adolescents and adults with the three dose Hepatitis B vaccine schedule, achieving the following results as reported at the national level.



**Population vaccinated against Hepatitis B, VWA 2012, Peru**

Age 12-17 yrs			Age 18-28 yrs			Age 30-59 yrs		
1st dose	2nd dose	3rd dose	1st dose	2nd dose	3rd dose	1st dose	2nd dose	3rd dose
22,282	2,168	1,957	52,875	6,767	5,184	93,665	10,767	7,983

Source: Ministry of Health, Peru

- In Venezuela, more than 176,000 first, second, and third doses of Hepatitis B vaccine were administered to individuals from six to 49 years of age, pregnant women and patients on dialysis.

\*\*\*

At least ten Latin-American countries (Argentina, Brazil, Colombia, El Salvador, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, and Venezuela) took advantage of VWA 2012 to systematically administer multiple antigens **to update and/or complete the vaccination schedules** of children less than five years of age. Countries frequently prioritized children living in hard-to-reach areas, including rural and border zones, and in indigenous communities. Strategies utilized included institutionalized vaccination with extended hours of operation and intensified social mobilization, fixed and mobile vaccination posts, and vaccination brigades traveling house-to-house. Specific country results include:

- In Brazil, the celebration of VWA coincides with Vaccination Month for Indigenous Communities, a massive, logistically-complex effort to vaccinate indigenous populations with all the vaccines which make up the national schedule. In 2012, approximately 2,009 health workers were involved in this effort, fanning out to remote villages across the country. Vaccination services were offered to the entire community, but specifically targeted children under five, women of childbearing ages, and the elderly. As part of the campaign, Brazil reported the vaccination of approximately 24,780 indigenous children less than five years of age (preliminary data).



Source: All photos courtesy of the Ministry of Health, Brazil

- In Colombia, vaccination efforts to start, update or complete childhood schedules occurred across the country. During the month of April 2012, the Ministry of Health reported administering 58,101 doses of BCG; 311,497 doses of polio; 320,039 doses of DPT; 242,991 doses of Hepatitis B; 114,379 doses of rotavirus; 177,484 doses of pneumococcal; 142,196 doses of MMR and 115,406 doses of yellow fever vaccine to children less than five years of age.

- In Honduras, as in prior years, VWA activities were celebrated nationally under the auspices of the comprehensive National Vaccination Campaign and this year's slogan, "*Por nuestras*



Source: Ministry of Health (Honduras)

- familias vacunemos hoy*" (For our families let's get vaccinated today). Efforts to begin, update or complete vaccination schedules focused on children less than two years of age, with emphasis given to those living in municipalities at risk, as defined by coverage less than 95% for the primary series of childhood vaccines and polio/DPT boosters. Due to security issues that impeded achieving the original coverage goals (vaccinators were attacked in certain areas), the national campaign was extended and through a process of negotiation with gang leaders and the help of community members, vaccinators were ultimately able to enter dangerous zones to continue with the campaign. In the city of San Pedro Sula, an epicenter for manufacturing in the country, the vaccination activities were carried out in cooperation with the Honduran Manufacturers Association, in order to facilitate immunizing these workers' children.
- In Nicaragua, the national vaccination campaign was pushed forward to occur in March 2012. During the central days of this effort, strategies employed included vaccination brigades going house-to-house and vaccination posts. A total of 63,969 individuals participated in the campaign's implementation, including health care workers, community members, and partner organizations. Among young children, the campaign administered 60,871 doses of pentavalent vaccine (110 % of the pre-established goal); 50,384 doses of rotavirus vaccine (110 %); 53,551 pneumococcal vaccine doses (112 %); and 33,426 doses of DPT vaccine (97%).

Throughout 12 countries and territories of the English and Dutch-speaking Caribbean (Anguilla, Barbados, Belize, BES Islands, British Virgin Islands, Grenada, Montserrat, St Kitts and Nevis, St. Maarten, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago and Turks and Caicos) a variety of outreach vaccination activities were also carried out to **complete childhood schedules and**

**offer booster doses to adolescents and adult populations** during VWA. On several islands, **occupational risk groups** were also a major focus of vaccination and/or training efforts. Selected results include:

- In Belize, focus was given to the vaccination of children who had defaulted on their vaccination schedules (BCG, pentavalent, polio and MMR primary doses, and DPT/polio booster doses) and the vaccination of school children in 23 primary schools, three secondary schools, and 15 preschools. Additionally, construction workers, sanitary engineers, health care workers, and individuals working in the papaya and poultry industries were the object of vaccination efforts against tetanus-diphtheria and hepatitis B.
- In the British Virgin Islands, mop-up efforts were carried out to continue administering doses of Hepatitis B to occupational risk groups (agricultural workers, water/sewer workers, prison employees, and environmental health workers), some of which had been previously immunized through vaccine outreach sessions. Health care staff also traced childhood vaccine defaulters to assure >95% coverage on the island.
- In Grenada, occupational health was also a focus of VWA 2012 efforts and farmers, police officers, bus drivers, fisherman, immigration, customs and other airport workers, and firemen were among the targets for vaccination.
- On the islands of St. Kitts and Nevis, the focus of VWA efforts was on under-immunized health care workers and children aged 1-5 years. Four hundred and thirty-seven health care workers were vaccinated (437 doses of Hepatitis B, 283 doses of MMR and 208 booster Td doses). Seventy-seven children also received booster DPT and polio doses as part of the initiative.

\*\*\*

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

As part of their multi-faceted VWA campaign, Venezuela applied 77,541 doses of **yellow fever** vaccine, approximately 40% of which (29,535 doses) corresponded to booster doses in older population groups.

\*\*\*

Argentina, Belize, Brazil, Colombia, Ecuador, El Salvador, Grenada, Panama, Paraguay, Peru, Trinidad and Tobago, Uruguay and Venezuela all vaccinated against **seasonal influenza** as part of VWA 2012, administering a combined total of approximately 26.7 million doses of vaccine.

- This year marked Brazil's 14th annual influenza vaccination campaign. The country reported the vaccination of more than 24.9 million individuals (83% coverage), including approximately 16.4 million elderly adults (80%), 478,000 indigenous individuals (82%), 1.6 million pregnant women (74%), 2.6 million health care workers (106%) and 3.9 million children (90%).

\*\*\*

Among its activities this year, Argentina placed special emphasis on the vaccination of specific risk groups against **pertussis** (Tdap vaccine). The country targeted children at 11 years of age, pregnant and postpartum women, and health care workers, administering 22,591 vaccine doses. Additionally, 37,778 combined doses of pentavalent, DPT+Hib, and DPT vaccines were administered to complete childhood schedules in the country.

\*\*\*

Brazil, Colombia, El Salvador, Honduras, Mexico, Nicaragua, Panama, Peru, and Venezuela carried out widespread efforts to prevent **maternal and neonatal tetanus** by vaccinating women of childbearing ages (WCBAs) with the Td vaccine during VWA 2012, administering a combined total of approximately 2.2 million doses.

Country-specific results include:

- El Salvador targeted both pregnant and non-pregnant women aged 10-60+ years. The country applied more than 76,600 doses of vaccine (1<sup>st</sup>-5<sup>th</sup> doses and boosters). Approximately 5,000 pregnant women were vaccinated for the first time.
- During their Second National Health Week, Mexico administered more than 900,000 doses of Td vaccine.
- Peru vaccinated women of childbearing ages (10-49 years). Out of a total of 360,936 Td doses applied, 27,529 were first doses given to pregnant women.



Vaccination of a woman of childbearing age in Peru, 2012. Source: Ministry of Health, Peru

### 3. Facing new challenges:

Both the Bahamas and Paraguay utilized the platform provided by VWA to announce the introduction of new vaccines into their national schedules.



- In the Bahamas, the Ministry of Health introduced the pneumococcal conjugate vaccine, the varicella vaccine, pertussis vaccination for children aged 4-5 years, acellular pertussis vaccination for the adult population and amplified use of seasonal influenza vaccine to the general population (previously introduced only for specific at-risk groups). In anticipation of this multiple introduction, in November 2011, the Ministry of Health held a symposium for health care workers where training was provided on the new vaccines and their benefits.
- Paraguay made use of VWA to introduce the 10-valent pneumococcal vaccine into their national childhood schedule for children aged less than two years.
  - Of particular note, in the days surrounding the pneumococcal launch, a state of emergency was declared in Paraguay's Chaco region, due to widespread flooding. VWA efforts in this area were subsequently realigned to focus entirely on emergency relief- including surveillance and notification of infectious disease outbreaks (emphasizing vaccine-preventable diseases), and childhood nutritional status; risk identification (groups, areas and particular dangerous scenarios); optimization of communication among all responders; transport of medical supplies; and promotion of vector control.

**Table 3. People Vaccinated, by Target Population and Country or Territory, VWA 2012\***

Country	0-12 months	1-4 years	<5 years	> 5 years	WCBA's Td	>60 years influenza	Adult MR/MMR	High risk occupations	Others	TOTAL
Anguilla				220						220
Antigua & Barbuda										
Argentina <sup>1</sup>			34,500						68,273	102,773
Aruba										
Bahamas	Vaccination and social mobilization									
Barbados										
Belize <sup>2</sup>	373	322	144	1,671				150	45	2,705
Bermuda										
BES Islands (Bonaire, St. Eustatius and Saba)			46				7			
Bolivia			160,118							160,118
Brazil	5,463	19,327	3,894,859	46,182	39,415	16,452,616		2,635,701	2,108,091	25,201,654
British Virgin Islands				67				30		
Canada	National Immunization Awareness Week (NIAW)									
Cayman Islands	Communication and social mobilization									
Chile										
Colombia	181,169	63,512			220,907					465,588
Costa Rica										
Cuba	390,845			134,217						
Curaçao	Communication and social mobilization									
Dominica	Vaccination and social mobilization									
Dominican Rep. <sup>3</sup>			607,144				83,536			690,680
Ecuador <sup>4</sup>				560,604		285,303				
El Salvador	28,287		159,526	96,379	64,693	305,767		14,635	101,833	771,120
Grenada			64	197		50		290	111	712
Guatemala										
Guyana										
Haiti <sup>5</sup>			3,045,529							
Honduras			915,655	135,082	15,674					
Jamaica	Pending data on MMR vaccination of school children									
Mexico			9,028,293		916,494					9,944,787
Montserrat				110					79	189

Country	0-12 months	1-4 years	<5 years	> 5 years	WCBA's Td	>60 years influenza	Adult MR/MMR	High risk occupations	Others	TOTAL
Nicaragua			651,968		375,388					
Panama			9,749	7,270	33,879	12,970				
Paraguay										
Peru <sup>6</sup>	175,722		23,037	6,120	288,584	120,425		48,014	177,241	
St. Kitts and Nevis			77					437		
St. Lucia										
St. Maarten			75							
St Vincent and the Grenadines								120	174	294
Suriname	10	155	12	58						
Turks and Caicos				1,003					123	
Trinidad & Tobago									294	294
United States	National Infant Immunization Week (NIIW)									
Uruguay										
Venezuela <sup>7</sup>			311,567	141,120	197,821				621,252	
<b>TOTAL</b>	<b>781,869</b>	<b>83,316</b>	<b>18,842,363</b>	<b>1,130,300</b>	<b>2,152,855</b>	<b>17,177,131</b>	<b>83,543</b>	<b>2,699,377</b>	<b>3,077,516</b>	<b>46,028,270</b>

\*As of 5 December 2012

1. In Argentina, "others" includes the non-disaggregated target groups for pertussis vaccination including children at 11 years of age, pregnant and post partum woman and health care workers. "Others" also includes adults and children vaccinated against seasonal influenza.
2. "Others" in Belize are individuals with chronic illness vaccinated against seasonal influenza.
3. In the Dominican Republic, "Adult MR/MMR" refers to doses given to population aged 10-39 yrs and "<5 years of age" includes MR doses given to children from 2-9 years (13,522 doses)
4. Ecuador vaccinated individuals from 6 m to 14 years with the MR and MMR vaccine.
5. Haiti vaccinated children up to 9 years of age with both MR and polio vaccines.
6. "Others" in Peru included individuals vaccinated against Hepatitis B.
7. "Others" in Venezuela includes men and individuals  $\geq 50$  vaccinated with Td vaccine, and adults vaccinated against seasonal influenza

**Table 4.** Number of Doses Administered by Antigen and Country or Territory, VWA 2012\*

Country	MMR	MR	DTP	DT	Td	TT	Hib	Hep B	Penta-valent	Polio	BCG	YF	Influenza	RV	Pneumo	Other
Anguilla				220						220						
Antigua & Barbuda																
Argentina <sup>1</sup>	15,083		30,886	19,361				17,418	22,269	34,500	6,260		45,682		23,633	22,350
Aruba																
Bahamas	Vaccination and social mobilization															
Barbados																
Belize	238		456		2,035			15	262	721	111		189			
Bermuda																
BES Islands (Bonaire, St. Eustatius and Saba)	26		10						16		1					
Bolivia		160,118														
Brazi <sup>12</sup>													24,934,952			199,255
British Virgin Islands					66			30		12						13
Canada	National Immunization Awareness Week															
Cayman Islands	Vaccination and social mobilization															
Chile																
Colombia	142,196	517,613	320,039		220,907			242,991		311,497	58,101	115,406	394,896	114,379	177,484	
Costa Rica																
Cuba										525,062						
Curaçao	Communication and social mobilization															
Dominica	Vaccination and social mobilization															
Dominican Rep.		97,058								593,622						
Ecuador <sup>3</sup>		560,604											285,303			
El Salvador	323,026		8,307	648	122,182			690	38,051	46,484	8,353		648,938	17,991	26,397	
Grenada	19		23	21	446			137	63	204			452			
Guatemala																
Guyana																
Haiti		2,938,863								3,045,529						
Honduras	696,712	135,082	3,509		15,674					915,655						
Jamaica	Pending data on MMR vaccination of school children															
Mexico <sup>4</sup>	253,830	234,497	108,569		916,494			435,253		9,028,293	111,255			320,537	386,183	539,479
Montserrat	82		1	53	136			63		110						



Country	MMR	MR	DTP	DT	Td	TT	Hib	Hep B	Pentavalent	Polio	BCG	YF	Influenza	RV	Pneumo	Other
Nicaragua	26,497	501,051	33,426		375,388				60,871	651,968				50,384	53,551	
Panama	2,976				32,122			4,207	4,513	5,583	169		73,431	2,670	10,481	14,658
Paraguay																
Peru <sup>6</sup>	61,209		61,249	12,899	360,936		364	257,928	142,847	153,488	40,880	12,051	276,046	84,069	140,191	15,613
St. Kitts and Nevis	283		100		211			443		100						
St. Lucia																
St. Maarten <sup>7</sup>	21							21	12							34
St Vincent and the Grenadines					209			212				40				
Suriname	188								10	14		21				
Turks and Caicos	507		138	250	44			106				747				
Trinidad & Tobago	96				113			256				226	232			
United States																
Uruguay																
Venezuela <sup>8</sup>	124,464		46,372	37,362	542,527			176,362	187,103	142,996	29,954	77,541	455,684	70,488	52,798	3,908
<b>TOTAL</b>	<b>1,177,300</b>	<b>4,409,338</b>	<b>566,713</b>	<b>33,452</b>	<b>2,046,963</b>	<b>0</b>	<b>364</b>	<b>959,770</b>	<b>268,914</b>	<b>15,313,062</b>	<b>225,130</b>	<b>128,491</b>	<b>26,660,121</b>	<b>590,030</b>	<b>817,920</b>	<b>791,402</b>

\*As of 5 December 2012

1. DTP also includes 22,591 doses of Tdap. Others refers to doses of DPT+Hib, Hepatitis A and HPV vaccines.
2. "Others" includes non-disaggregated doses given as part of Vaccination Month of Indigenous Communities.
3. Ecuador administered 560,604 doses of both MR and MMR vaccine but did not report information disaggregated by vaccine type.
4. In Mexico "Others" includes vaccination with DpaT+VIP+Hib and HPV vaccines.
5. "Others" in Panama includes 4,919 doses of HPV and 7,270 doses of Tdap vaccine given to children at 10 years of age, 1,014 doses of Hepatitis A and 1,118 doses of Tetravalent vaccine given to children at 1 year of age and 337 doses of Tdap given to pregnant and postpartum women.
6. "Others" includes HPV vaccine given to girls at 9 years of age.
7. "Others" includes 12 doses of DTaP-IPV-Hib and 22 doses of DT/IPV administered during an Open House.
8. "Others" includes doses of meningococcal vaccine.

## E. Mass communication and social mobilization

### 1. Regional social communication campaigns

For the first time in 2012, the regional slogan for VWA was chosen through a PAHO intranet survey among the Organization's staff at headquarters, in all country offices, and among technical personnel in the Ministries of Health throughout the Region. The winning entry, submitted by a professional from PAHO/Peru, was *"For you, for me, for everyone. Get vaccinated,"* which was chosen to be used on all regional communication campaign materials. This slogan was also readily accepted by many countries who adopted it into national activities, such as poster and essay competitions and other community interventions.

#### Print materials

To support countries' communication efforts, 29,000 posters and 108,000 stickers were distributed to Member States and digital copies were also made available. This year there were three design concepts for the posters. The first design was a poster in four languages celebrating the 10th anniversary of Vaccination Week in the Americas. The other two posters were made available in Spanish, English, and Creole and featured families and children's characters from Sesame Street and Plaza Sésamo, thanks to an ongoing collaboration between PAHO and the Sesame Workshop.



#### **Facebook**

[www.facebook.com/PAHO.IM](http://www.facebook.com/PAHO.IM)

This year marked the second year that a specific Facebook page was employed to promote VWA to the general public. The site helped publicize country activities and share photographs and videos from various events in Real Time. This year efforts were made that more than tripled the reach of the VWA Facebook page, reaching followers from over 20 different countries and speaking 16 languages. The distribution of page followers spread between ages 13 and 65+, with females ages 25-34 accounting for the highest percentage.





The PAHO institutional Facebook page, [www.facebook.com/PAHOWHO](http://www.facebook.com/PAHOWHO), was also used to promote VWA, reaching over 24,000 people during the week of 20-28 April 2012.

### ***Twitter***

[www.twitter.com/OPSPAHO\\_VAC](http://www.twitter.com/OPSPAHO_VAC)

In order to further outreach through social media networks, a Twitter account (OPSPAHO\_VAC) was added to the VWA regional communication campaign in 2012. This platform was very useful in communicating quick facts on immunization, links to breaking news stories, and photos from different launching events. In the first year, the OPSPAHO\_VAC gained 195 followers, made 471 tweets, had over 40 retweets (other people sharing OPSPAHO\_VAC tweets with their followers) and over 50 mentions (other people speaking about and/or to OPSPAHO\_VAC in their tweets). The twitter feed and direct link were displayed on the landing page for the VWA website ([www.paho.org/vwa](http://www.paho.org/vwa)). Tweets were made both in Spanish and in English.

## **2. National social communication campaigns**

In addition to the regional communication resources provided to countries, many national immunization programs implemented specialized communications campaigns and targeted messages. Country examples include:

- In Argentina, VWA was used as an opportunity to highlight the importance of coordination between the health and education sectors. Both respective ministers participated in the national launching event held in the Plaza de la República in Buenos Aires on 23 April. Emphasis was also given to school teachers incorporating vaccination-related topics into their curriculums. The National EPI Manager of Argentina also appeared before the national parliament and the provincial legislature to give a presentation to lawmakers seated on health commissions regarding the progress that has been made on health policy issues related to vaccines. At the sub-national level, the Argentine Province of Jujuy promoted a law that would result in an adaption to primary school curriculum to include the topic of vaccines in the framework of the celebration of VWA. The governor of the province of Chaco also declared through a decree (507) that VWA is a celebration of provincial interest.

- Panama celebrated the 10th anniversary of VWA with the unique theme: “Air, Sea, and Land, Panama: Vaccinating across the country from border to border.” Air was

represented in their activities as the country utilized helicopters to transport health workers to remote areas of the countries. “Sea” was represented through a vaccination boat cruise for a group of 120 senior citizens and authorities where vaccination was promoted,” and “land” was represented when the Ministry of Health hosted a celebration on a decorated “vaccination train” where children less than five years of age, adolescents, pregnant woman and people with disabilities were vaccinated.



- The EPI program in Trinidad and Tobago celebrated VWA and World Immunization Week with an outreach program for the public at the Scarborough Waterfront on “Vaccination Day the Greens,” making the public more aware of the importance of immunization for all age groups and providing an opportunity for persons to have their immunization status updated. A jingle was also composed for Vaccination Week and was played throughout the day’s activity.

- In Jamaica, in addition to a MMR campaign targeting children aged 1-10 years, efforts were made to improve public awareness regarding the importance and success of the national immunization program, both in celebration of VWA and the 50<sup>th</sup> anniversary of the country’s independence. A national pictorial display was mounted for circulation at public places around the island; additionally a television program on the history and success of immunization in Jamaica and its importance for disease prevention was developed and re-produced on CDs for use in clinics and schools. In total, Jamaica made use of multiple communication outlets, including print media, television, social media, radio, and public service announcements in cinema to spread its vaccination-related messages.

## **F. Integrated interventions**

In 2012, countries and territories continued to expand upon the integration of other preventative health interventions together with vaccination activities during VWA.

- In March 2012, Honduras launched a strategic plan for the prevention, care, control, and elimination of neglected diseases. As a product of this plan, a study was carried out to examine the prevalence and intensity of infection with helminthiasis in school children, which found a national prevalence of 43%,



linked with environmental conditions, hygiene practices and education. In follow-up to this study, a pilot project was launched during VWA in the municipality of San Esteban, Department of Olancho, Honduras. The project aimed to systematically integrate deworming among preschool-aged children (aged 1-5 years) in the context of VWA 2012, and to document this process, with the possibility of future expansion at the national level. In total out of 3,171 children targeted, 1,738 received deworming treatment (55%), while 2,342 were vaccinated. An additional 188 children outside of the age group targeted also received treatment. Out of those children vaccinated, 604 had reported prior deworming treatment in the last six months, a criterion for exclusion from the pilot project. A challenge that was reported qualitatively was the high rates of population migration in the area, which affected the accuracy of the population targets. Following the pilot project, rapid monitoring of deworming coverage was carried out, through visits house-to-house and to health centers. Eight-five (85%) of the rapid monitoring showed coverage greater than 90% with this intervention.

- Ten additional countries took advantage of VWA to integrate other interventions with vaccination (Table 5).

**Table 5.** A summary of the integration of other health interventions as part of Vaccination Week in the Americas 2012

Country	Vitamin A			Deworming	Folic Acid	Iron	Oral Rehydration packets	Vitamins and Minerals	Other	
	< 1 year	1-4 years	WCBA							Total doses
Belize <sup>1</sup>				1,616	1,616	X	X		Educational sessions on several health topics were provided in schools. A health fair carried out in one district.	
Brazil									During activities for Indigenous Health Month, other health interventions were integrated with vaccination in many villages, including nutritional assessment, dental care, cervical cancer screening, and health education.	
Haiti <sup>2</sup>				1,210,438	1,352,789					
Honduras <sup>3</sup>	51,590	422,684	15,556	489,830	1,926				Promotion of early detection of eye cancer (retinoblastoma) in children < 5 years of age through education of families who seek out vaccination services. 2,000 posters and 1,000,000 flyers on this topic were distributed to approximately 900,000 parental guardians. This activity was completed in conjunction with the Honduran Foundation for Children with Cancer.	
Mexico <sup>4</sup>				7,054,800	17,858,871	1,402,937	37,871	8,146,331	198,814	More than 15,000,000 messages from health personnel regarding acute diarrheal disease, respiratory infections and neonatal tetanus
Montserrat									Community Nursing Department held an Open Day at all 4 health centers; in addition to immunization HIV testing and counseling, foot inspection, diabetes and hypertension screening were offered, as was relaxation therapy. During a mini health fair conducted at government headquarters weight and height checks, body mass index (BMI) calculation; blood pressure screening; random blood sugar checks and foot inspection were provided.	

Nicaragua			701,837	1,458,575	Educational talks in health centers. Education activities were also conducted in prioritized primary schools to teach about preventative measures to prevent intestinal parasites. 2,431 schools were visited, 2 teachers per school were trained and 227,674 children were taught about general hygiene.
Panama <sup>5</sup>		13,263		13,263	
St. Kitts and Nevis					Collaboration with the Early Childhood department in the Ministry of Education and adjunct staff of the Nutrition Unit in the Ministry of Health. New workers of the Early Childhood department were sensitized of the new WHO Growth child. One health district hosted their annual community health outreach activity, which included health education on maternal care (cervical cancer) presented a obstetrician/gynecologist.
St. Maarten					Dental outreach through a mobile clinic; 47 children received complete prophylaxis with cleaning and fluoride application. The dentist also handed out 50 information packages to parents and children. Glucose and blood pressure screening by the Diabetes Foundation. Information distributed by the Alzheimer Foundation.
St. Vincent and the Grenadines					Mini Health fair in one district which included diabetes screening, blood pressure tests, family planning information, foot care and counseling.

1. Vitamin A and deworming given to children from 4-14 years of age; 2. Vitamin A given to children from 6 months to 6 years. Deworming given to children from 2-9 years; 3. WCBAs was restricted to post partum women; 4. Vitamin A was given to children from 6 months-4 years; 5. <5 years of age.

## G. Measures of VWA Impact

### 1. Pre-established 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.

Selected examples of countries' use of these indicators in 2012 include:

*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);*

- As part of Vaccination Month for Indigenous Communities, Brazil reported the vaccination of 790 indigenous children with delayed schedules (recipients of first, second and third doses of pentavalent vaccine after one year of age).

Percentage and number of children <1 year and 1-4 years vaccinated with tetravalent or pentavalent. Brazil, Vaccination Month for Indigenous Communities 2012 \*

Age group	< 1 year		1-4 years	
	Nº	%	Nº	%
1 <sup>a</sup> dose	2285	60.2	167	16.2
2 <sup>a</sup> dose	2103	61.0	252	22.7
3 <sup>a</sup> dose	1100	32.1	371	23.2
Total	5488		790	

Source: Ministry of Health, Brazil, preliminary data

*Number and percentage of WCBAs in at-risk municipalities vaccinated with the first dose of Td during VWA;*

- Honduras reported that 15,674 pregnant women were vaccinated with their first dose of Td during their National Vaccination Campaign/VWA, achieving 174% of the original goal of 9,020 women.



*Percentage of rapid coverage monitoring (RCM) in municipalities with MR vaccination coverage <95%;*

- Nicaragua reported that 10% of the RCMs completed showed MR vaccination coverage less than 95%
- Honduras carried out 2,680 RCM, 1,599 (60%) of which showed MR vaccination coverage less than 95%; the country reported that this information was then used to reorient vaccination activities towards these lower coverage areas.

*Percentage of people interviewed in preselected areas who know about VWA;*

- Dominica carried out a survey following VWA to evaluate general knowledge about vaccination as well as the effectiveness of social communication activities carried out. Of 36 people interviewed, 30 (83%) stated that they had recently heard about a special vaccination activity. Twenty-seven individuals (75%) had heard about vaccination campaigns against influenza and Hepatitis B, while 16 (44%) had heard about Vaccination Week of the Americas specifically. The radio and health centers proved to be the most influential channels for receiving information.
- Panama conducted a similar survey, interviewing 503 individuals. Four-hundred ninety-six (496) or 98.6% had heard something about a special vaccination activity and 217 (43.8%) specifically identified Vaccination Week. The most common communication channels identified included information provided at school and at health centers and through community mobile loud speakers (perifoneo).

*Percentage of municipalities with plans for a second and third round of vaccination to complete schedules after the VWA;*

- Brazil, Honduras, Nicaragua, and Panama all reported that approximately 100% of municipalities had plans for additional rounds of vaccination to complete schedules.

*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.*

- Nicaragua reported that 41 suspected measles/rubella cases and six suspected AFP cases were identified during active case-finding, but all had been previously detected by the surveillance system.

## H. Launch of the new PAHO publication, “*Vaccination: An Act of Love. 10 years of Vaccination Week in the Americas*”

This book is a tribute and a dedication to the thousands of health workers in the Americas—often unseen and unsung, who are genuine heroes of health. I have witnessed them travelling on foot, by mule, by bicycle, by boat to the most remote corners of our hemisphere to vaccinate our children in what is truly an act of love.

-Sir George A. O. Alleyne

In September 2012, five months following the celebration of VWA 2012, a new PAHO publication, a coffee table book entitled, *Vaccination: An Act of Love — 10 years of Vaccination Week in the Americas*, was launched during the 28<sup>th</sup> Pan American Sanitary Conference.

This book documents the evolution of Vaccination Week in the Americas (VWA) over the last decade, as well as the organization and planning of the initiative, VWA-related results, and the expansion of similar initiatives to other WHO regions, which resulted in the first celebration of World Immunization Week this year.

PAHO Director Emeritus Sir George A.O. Alleyne presented the book to the Member States in attendance, commenting that the last ten years of VWA have been instrumental in putting immunization on the political agenda by involving presidents, first ladies, other authorities, and celebrities from throughout the Americas in its activities. He called on ministers of health “to ensure that the tree that was planted in 2003 keeps growing” every year. “Let us never allow the world to forget this celebration, which is an act of love. Vaccination is an act of love.”

Dr. Alleyne’s comments were followed by those of the Minister of Health of Barbados, the Honorable Donville Inniss. Mr. Inniss noted that Vaccination Week in the Americas had helped consolidate the Region’s many immunization achievements, but he added that, “we cannot rest on our laurels. Every child, every adult must be vaccinated as part of their basic human rights. The battle must go on.” At the conclusion of his speech, Mr. Inniss was presented with the book which he accepted on behalf of all Member States in the Region.

Following the book launch, a cocktail reception was held at PAHO headquarters, which counted on the participation of WHO Director-General Dr. Margaret Chan.



**LEFT.** Dr. Jorge Alejandro Villavicencio Álvarez, Minister of Public Health and Social Welfare of Guatemala, Dr. Mirta Roses Periago, Sir George A.O. Alleyne, and Dr. Ciro de Quadros, following the launch of the VWA coffee table book (l-r) **RIGHT.** PAHO staff together with Dr. Margaret Chan and Dr. Mirta Roses Periago during the cocktail reception to celebrate the launch of the VWA coffee table book.

## Annex 1. Resolution of the 65<sup>th</sup> World Health Assembly endorsing World Immunization Week

SIXTY-FIFTH WORLD HEALTH ASSEMBLY

WHA65.18

Agenda item 13.12

26 May 2012

### World Immunization Week

The Sixty-fifth World Health Assembly,

Having considered the report on the draft global vaccine action plan;<sup>1</sup>

Recalling resolutions WHA58.15 and WHA61.15 on the global immunization strategy, and the commitment to use the decade 2011–2020 to achieve immunization goals and milestones in vaccine research and development;

Recognizing the importance of immunization as one of the most cost-effective interventions in public health;

Acknowledging the significant achievements of the Expanded Programme on Immunization at the global level, including the eradication of smallpox, major advances towards eradicating poliomyelitis, eliminating measles and rubella, and the control of other vaccine-preventable diseases, such as diphtheria and tetanus;

Noting the contribution of successful immunization programmes towards significant reductions in childhood mortality and improvements in maternal health, and thereby towards the attainment of Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health), and towards cancer prevention;

Recognizing that initiatives such as regional vaccination weeks have contributed towards promoting immunization, advancing equity in the use of vaccines and universal access to vaccination services, and enabling cooperation on cross-border immunization activities;

Recognizing also that the initiative of vaccination weeks, a growing global movement that was first introduced in the Region of the Americas in 2003, was observed simultaneously in WHO's six regions in April 2012, with the participation of more than 180 Member States, territories and areas;

Acknowledging also the high level of political support and international visibility given so far to regional vaccination week initiatives, and noting that the flexibility of the vaccination week framework allows individual Member States and regions to tailor their participation in accordance with national and regional public health priorities;

Concerned that, despite all the achievements of immunization initiatives, many challenges remain, including maintaining immunization as a fundamental element of primary health care, administering vaccines to all vulnerable populations regardless of their location, protecting national immunization

---

<sup>1</sup> Document A65/22.

programmes against the growing threat of misinformation on vaccines and immunization, and ensuring that national programmes are considered a financial priority for Member States,

1. REQUESTS Member States to designate the last week of April, when appropriate, as World Immunization Week;
2. REQUESTS the Director-General:
  - (1) to support the annual implementation of World Immunization Week as the overarching framework for all regional initiatives that are dedicated to promoting the importance of vaccination across the life-course and working to ensure the universal access of individuals of all ages and in all countries to this essential preventive health service;
  - (2) to provide support to Member States in mobilizing the resources necessary to sustain World Immunization Week, and to encourage civil society organizations and other stakeholders to support the initiative.

Tenth plenary meeting, 26 May 2012  
A65/VR/10

= = =

**Annex 2.** General categorizations of country campaigns completed as part of Vaccination Week in the Americas, organized by the three pillars of the Regional Immunization Vision and Strategy, namely *protecting the Achievements, completing the unfinished agenda, and confronting new challenges, 2003-2012*

Pillars of the Regional Immunization Vision and Strategy	General categories of country efforts	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
		Protecting the achievements	Elimination of measles, rubella and congenital rubella syndrome (CRS)	BOL, MEX, PRY	BLZ, DOM, ECU, HND, MEX, NIC, PAN, PER, PRY, SLV	ARG, BLZ, MEX, PRY, SUR	BOL, COL, CRI, MEX, PAN, URY, VEN	CRI, CUB, GTM, HTI, MEX, PAN	ECU, GTM, HND, HTI, MEX, NIC, PAN, SLV	MEX, PRY, SUR, VEN	DOM, MEX,
Eradication of polio	MEX, VEN		CUB, DOM, HND, MEX, NIC	CUB, DOM, HND, MEX, NIC	COL, CUB, DOM, ECU, HND, MEX, NIC, SLV,	CUB, DOM, HND, HTI, MEX, NIC	CUB, DOM, ECU, GTM, HND, MEX, NIC	CUB, DOM, MEX, NIC	CUB, DOM, MEX, NIC	CRI, CUB, DOM, MEX, NIC, PER	CUB, DOM, HTI, HND, MEX, NIC
Completion of childhood schedules*	VEN		ARG, BLZ, BOL, BRA, COL, CRI, CUB, GTM, GUY, HND, HTI, JAM, MEX, NIC, PAN, PRY, PER, SUR, TTO, URY, VEN	BLZ, BOL, BRA, COL, CRI, DOM, ECU, GTM, GUY, HND, HTI, MEX, NIC, PAN, PER, SLV, SUR, TTO, VEN	BRA, COL, CRI, DOM, ECU, GTM, GUY, HND, HTI, JAM, MEX, NIC, PAN, PER, SLV, SUR, TTO	ARG, BLZ, BOL, BRA, COL, CRI, DOM, ECU, GUY, HND, MEX, NIC, PAN, PER, PRY, SLV, SUR, TTO, VEN	BLZ, BOL, BRA, COL, DOM, GUY, HND, MEX, NIC, PRY, SLV, SUR, VEN	ARG, BOL, BRA, COL, DOM, GTM, GUY, HND, HTI, MEX, NIC, PAN, PER, SLV, SUR, VEN	BLZ, BOL, BRA, COL, CRI, GTM, GUY, HND, HTI, MEX, NIC, PAN, PER, SLV, SUR, URY, VEN	ARG, BLZ, BRA, COL, GTM, GUY, HND, HTI, MEX, NIC, PAN, PRY, SLV, SUR, URY, VEN	ARG, BRA, COL, HND, MEX, NIC, PAN, PER, SLV, SUR, VEN
Completing the unfinished agenda		BRA, CHI, URY	BRA, SLV		ARG, BHS, BRA, CHL, CRI, PAN, PRY, URY	ARG, BRA, CHL, COL, CRI, GRD, PAN, PRY	BRA, CHIL, COL, PAR, SLV, URY, VEN	BRA, COL, DOM, PAN, SLV, URY, VEN	BRA, COL, CRI, PAN, SLV, VEN	ARG, BOL, BRA, CHL, COL, PAN, PER, PRY, SLV, URY, VEN	ARG, BLZ, BRA, COL, ECU, GRD, PAN, PER, PRY, SLV, TTO, URY,



Facing new challenges											VEN
	Reduction of the risk of yellow fever	VEN	BOL, TTO, VEN	BOL, ECU, PER, TTO, VEN	PER	BOL, ECU, PER	PRY, SUR	GUY, SUR, TTO, VEN	BOL, TOO	TTO	VEN
	Elimination of neonatal tetanus	MEX, VEN	BOL, BRA, COL, GUT, HND, MEX, NIC, PAN, PRY, PER, TTO, VEN	BOL, BRA, COL, GUT, HND, HTI, MEX, NIC, PAN, PER, SLV, TTO, VEN	BOL, BRA, COL, CRI, ECU, GUT, HND, HTI, MEX, NIC, PAN, PER, PRY, SLV, TTO,	BRA, COL, CRI, DOM, HND, MEX, NIC, PAN, PRY, PER, SLV, TTO, VEN	BOL, BRA, COL, CUB, DOM, MEX, NIC, SLV, VEN	BLZ, BOL, BRA, COL, DOM, GUT, HND, HTI, MEX, NIC, PAN, PER, SLV, VEN	BOL, BRA, COL, CRI, GUT, HND, MEX, NIC, PER, SLV, VEN	BRA, COL, GUT, HND, MEX, NIC, PAN, SLV, VEN	BRA, COL, HND, MEX, NIC, PAN, PER, SLV, VEN
	Protection of occupational risk groups		CRI, MSR, PRY, TCA, VGB,	MSR, PAN, KNA	CRI, MSR, PAR	BRB, CRI, GRD, JAM, KNA, VCT	BRB, GUY, JAM, KNA, MSR, PER, VCT VGB	AIA, BLZ, BOL, DOM, GUY, HND, KNA, MSR, TTO	AIA, ARG, BOL, CRI, GRD, GUT, HND, JAM, LCA, MSR, PAN, PRY, SLV, SUR, TCA, TTO, VEN, VGB,	AIA, BHS, BLZ, DOM, GRD, LCA, MSR, TTO, VGB,	BLZ, DOM, GRD, PAN, KNA, VCT, VGB
	Introduction of new vaccines		DOM	GUT	PAN	GRD, PAN	PAN, URY	PAN	PAN, PRY	HON, PRY	BAH, PRY

Source: Country Reports to FCH-IM, PAHO, \*For this categorization, completion of childhood schedules refers to widespread activities to complete the primary vaccination series in children less than 5 years of age. Many countries and territories in the English-speaking Caribbean also work to locate vaccination defaulters and to complete schedules, but often times, due to high population coverage and small population sizes, efforts are smaller scale and are focused on older age groups, such as elementary students and adolescents (for booster doses)