1989-000018

PAN AMERICAN HEALTH ORGANIZATION

Pan American Sanitary Bureau, Regional Office of the

WORLD HEALTH ORGANIZATION

VI CARIBBEAN MEETING OF EPI MANAGERS

Barbados, 13-17 November 1989

Final Report

1. Introduction

The VI Caribbean Meeting of EPI Managers took place in Barbados, from 13-17 November 1989. The Meeting was opened by the Chief Medical Officer of Barbados in representation of the Minister of Health and was attended by the EPI managers of all the English-speaking Caribbean countries, plus Suriname. Besides the EPI Managers, the Meeting was also attended by epidemiologists, MCH nurses, virologists, statisticians and social communicators.

Representatives of the international agencies that are collaborating with the countries for the implementation of this program, such as the Pan American Health Organization (PAHO), the Caribbean Epidemiology Center (CAREC), UNICEF, the Canadian Public Health Association (CPHA) and Rotary International also attended the Meeting. For the first time in this series of Caribbean EPI Meetings, one member of the EPI Global Advisory Group (GAG) also attended.

The Opening Session of the Meeting was attended by the PAHO Caribbean Program Coordinator, the Director of CAREC, the Area Representative for UNICEF, Rotary International and CPHA Representatives, the PAHO Immunization Technical Officer for the English-speaking Caribbean and the PAHO EPI Regional Advisor.

The objectives of this Meeting were to:

a) review the achievements of the various countries in the implementation of their annual work plans that were developed during the V Meeting, held in Grenada in November 1988 and to prepare the annual work plans for 1990;

b) review the epidemiological situation of measles and polio in the area in general and some countries in particular; and

c) review and discuss the Plan of Action for the Elimination of Measles from the English-speaking Caribbean by 1995. This had recently been approved by the Caucus of Ministers of Health of the English-speaking Caribbean and subsequently endorsed by the PAHO Directing Council at its Meeting in September 1989.

The Meeting was conducted in plenary sessions and in working groups. The plenary sessions covered the review of the EPI in the Americas and in the Caribbean, including the efforts to eliminate polio by 1990, the presentation of the Plan of Action for Measles Elimination, the epidemiology of measles and its control in the area, a review of the measles and rubella control programs in the United States and England, and the contribution of social communication for strengthening immunization programs. The exchange visits of EPI managers were also discussed and reviewed.

During the working group sessions the participants reviewed the successes and problems of their 1989 country plans, and in the light of these, prepared their 1990 plans which included a financial analysis and identification of preliminary sources of funding--both from national or external sources--for each program component.

The Agenda, the list of Participants, the Work Group Reports and the 1990 National Work Plans are found in Annex I.

2. Overall Conclusions and Recommendations

2.1 Remarkable progress has been made by the English speaking Caribbean countries towards the achievement of the EPI targets of universal childhood immunization and polio eradication by 1990.

Many countries have achieved immunization coverages in excess of 80% for most of the EPI vaccines (Table 1) and the incidence of the EPI diseases has reached minimal levels. Poliomyelitis due to wild poliovirus has not been detected in any country since 1982. Diphtheria, whooping cough and tetanus have practically disappeared, and measles, the EPI disease that still remains a significant problem, has declined continuously since 1982, despite a slight increase in 1988 compared with 1987. (Graph 1.).

However, much work still remains to be done if these levels of coverage are to be maintained and if the certification of interruption of transmission of polio and the elimination of measles by 1995 are to be achieved.

2.2 Several countries still report a number of children not completing their immunization schedules, either by defaulting, migration or through lack of reporting by private practitioners. These problems must be addressed through special studies that may clarify these issues, such as missed opportunities studies, interviews with private practitioners (such as the one presented by the Bahamas), and tracking mechanisms for defaulters. It is expected that several countries will conduct these studies during the next period and will report back at the next Meeting in 1990.

2.3 As far as the certification of poliomyelitis is concerned, it will be necessary for the countries to institute a system for the surveillance of flaccid paralysis.

Recent data from the PAHO Regional polio surveillance system indicates that every country should experience a background rate of at least 1 case of flaccid paralysis per 100,000 population under 15 years of age. If this rate were applied to the English speaking Caribbean, then at least 20 cases of flaccid paralysis should have been reported from the area. Jamaica, for example, should have detected at least 8 such cases during 1989.

However, less than five cases of flaccid paralysis were detected in the entire English speaking Caribbean area, indicating that improved surveillance for flaccid paralysis will have to be established. Then, proper investigation can be instituted and stool samples collected for laboratory investigation for wild poliovirus, at the PAHO polio reference laboratory for the Caribbean located at CAREC, Port of Spain.

The certification of interruption of indigenous transmission of wild poliovirus will require that **all countries present evidence that cases of acute flaccid paralysis are not caused by wild poliovirus.**

It is therefore suggested that **all countries** establish routine surveillance system for flaccid paralysis (such as the one being implemented by Suriname) and it is recommended that this be coordinated between epidemiologists, laboratories, neurologists and neuro-pediatricians in the various countries.

2.4 The Group reviewed the Plan of Action for the Elimination of Measles from this area by 1995 and there was consensus that several actions could start even before additional resources become available. These include:

a. Adoption of the standard case definitions outlined in the Plan of Action by all countries. These definitions are:

* **Suspected case**: any illness with rash and fever;

* **Probable case**: generalized maculo-papular rash with more than 2-3 days duration and fever higher than 101F with Coryza, or Conjunctivitis, or Cough.

* **Confirmed case**: fulfills the case definition and has epidemiological linkage with other confirmed or probable case or is laboratory confirmed.

b. A suspected case should be reported immediately by the attending physician and investigated promptly by the epidemiologist, who in turn will either discard the case if it fails to meet the case criteria for a probable case. If it meets the criteria for a probable case, control measures will be instituted immediately with vaccination of all contacts irrespective of their previous vaccination status, (the age group for these vaccinations will be determined by the characteristic of the outbreak) and investigations to identify the source of infection will follow. Specimen will also be taken for laboratory confirmation at the designated reference laboratories.

c. The present reporting network, which in many countries relies solely on sentinel reporting, should be expanded to include all health facilities and private practitioners. The reporting network should also institute negative reporting, in which zero cases will also be reported.

d. A standard case investigation form should be adopted by all countries. It is suggested that the form that is in the PAHO/WHO Surveillance Guidelines be adopted by all countries, until the PAHO Field Guide for Measles Elimination becomes available in early 1990. This Field Guide will be discussed designated country epidemiologists at a Meeting to be organized by PAHO and CAREC in early 1990.

2.5 The Group agreed that the ideal period to launch the Caribbean "Measles Elimination Month", in which all children under 15 years of age would be immunized against measles irrespective of their previous immunization status will be **May, 1991**. This also coincides with the celebration of the "Child's Month" in many Caribbean countries.

2.6 If the plan to eliminate measles is to succeed, very intensive social communication and mobilization will have to be undertaken. This will require the preparation of a **Caribbean Social Mobilization Plan**, which must address the need to increase awareness of political and community leaders, the population in general and health workers of the

activities to be implemented and the importance of acceptance of vaccination. This will be particularly important in relation to the Caribbean Immunization Month, in which all children under 15 years of age will have to be immunized, many of whom will have been vaccinated or suffered the disease. The Plan will also have to address specific country needs and population attitudes towards immunization.

PAHO and UNICEF are requested to initiate actions for the elaboration of this Plan, in collaboration and after consultation with national authorities. A special meeting in which country representatives will prepare their national social mobilization and communication plans should be organized by PAHO and UNICEF in early 1990.

2.7 The exchange visits of EPI managers, which was instituted last year has proved to be very useful for the cross-fertilization of
programs. Innovative ideas that are implemented in several countries could be observed by program managers and many of these could be adapted to their country needs.

2.8 The VII Caribbean Meeting of EPI Managers should take place 12 to 16 November, 1990 in Antigua.

Table 1

PERCENTAGE OF CHILDREN UNDER ONE YEAR OF AGE FULLY IMMUNIZED
1988

No	Country (In Order of population size from smallest to largest at mid year 1988)	Population		Percentage Fully Immunized			
		Total in (oooo)	Target Group < 1 Yr.	DPT	TOPV	MEASLES	BCG
1	Anguilla	7.6	186	100	100	98*	90
2	Turks & Caicos Islands	8.7	220	94	92	92*	94
3	British Virgin Islands	13.8	190	84	76	62*	48
4	Montserrat	13.8	199	91	91	86*	86
5	Cayman Islands	20.5	358	93	95	99*	86
6	St Christopher/Nevis	52.8	924	94	93	77	>5
7	Bermuda	60.6	895	83	85	86*	-
8	Dominica	81.4	1,648	96	97	90	98
9	Antigua & Barbuda	83.6	1,080	98	100	95*	-
10	St Vincent and Grenadines	111.	2,708	98	97	97	95
11	Grenada	119.	3,057	65	64	58	-
12	St Lucia	142.	3,722	78	87	83*	85
13	Belize	169.	5,270	73	73	70	97
14	Bahamas	238.	5,600	85	84	78*	-
15	Barbados	258.	4,032	76	73	84*	>5
16	Suriname	391.	10,000	64	64	83	-
17	Guyana	1,010.	20,000	64	69	55	64
18	Trinidad and Tobago	1,250.	28,000	82	83	72	-
19	Jamaica	2,440	52,270	82	83	68	96
	T O T A L	6,470.8	140,359	78.0	79.	71.	88.

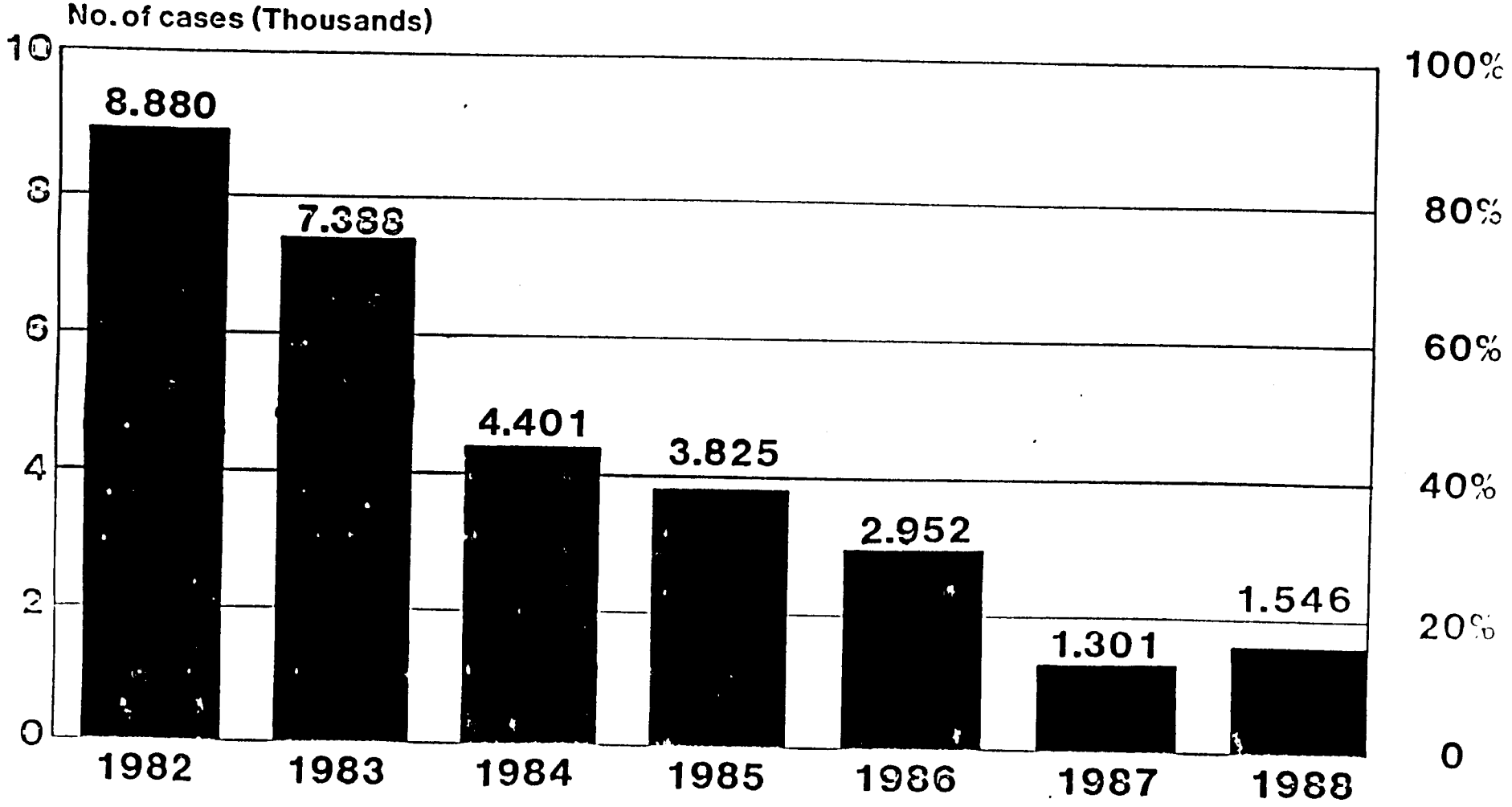
0 MR Vaccine is used
* MMR Vaccine is used
> Only children 5 years of age and above are immunized.
- Vaccine is not given in the National Programme

Note: Measles immunization refers to children in the age group 9 to 18 months.

Fully immunized means a course of 3 or more doses of DPT and TOPV have been administered at least 4 weeks apart. For other vaccines, it refers to 1 dose only.

REPORTED CASES OF MEASLES IN THE ENGLISH SPEAKING CARIBBEAN 1982 TO 1988

GRAPH-I



SIXTH SUBREGIONAL EPI MANAGERS' MEETING
ST. LAWRENCE, CHRIST CHURCH, BARBADOS
13th. 17th. November, 1989

PRELIMINARY AGENDA

Monday, 13 November, 1989

08:30 a.m.	Registration.	
09:00 a.m.	Welcome and Objectives of the Meeting.	Mr. Henry Smith, Immunization Officer PAHO/EPI.
09:05 a.m.	Remarks from Director, CAREC.	Dr. Franklin White Director-CAREC.
09:10 A.M.	Greetings on behalf of Director of PAHO.	Dr. Halmond Dyer, CPC, PAHO.
09:20 a.m.	Greetings from other collaborating Agencies UNICEF, USAID, Rotary International, and CPHA.	
09:30 a.m.	Welcome and Official Opening of Meeting.	Hon. Branford Taitt, Minister of Health of Barbados.
09:40 a.m.	Vote of thanks.	Participant.
09:45 a.m.	Coffee Break.	
10:15 a.m.	Review of the MCH Approach in the Caribbean.	Dr. Ken Antrobus, FHA, PAHO.
10:30 a.m.	Review of EPI in the Americas.	Dr. Ciro de Quadros, Regional Advisor, PAHO/EPI.
11:00 a.m.	Review of EPI in CAREC Member Countries.	Mr. Henry C. Smith, Immunization Officer, PAHO/EPI.
11:30 a.m.	Elimination of Measles in the English Speaking Caribbean by 1995: Plan of Action.	Dr. Ciro de Quadros, Regional Advisor, PAHO/EPI.
12:00 p.m.	Lunch.	
2:00 p.m.	Follow up of defaulters: Experience in England.	Dr. David Salisbury, Senior Medical Officer, Department of Health, England.

2:30 p.m.	Methodology for group discussions and preparation of Plans of Action.	Mr. Henry C. Smith, Immunization Officer PAHO/EPI.
3:00 p.m.	Group Work (Country 1).	

Monday 13 November 1989 (cont'd)

4:00 p.m.	Coffee Break.	
4:15 p.m.	Group Work (Country 1).	
5:00 p.m.	Adjournment.	

Tuesday 14 November 1989

08:30 a.m.	Measles Surveillance in the Caribbean: Present and Future:	*Dr. Franklin White, Director CAREC. *Guyana. *Jamaica.
10:00 a.m.	Coffee Break.	
10:30 a.m.	Group Work (Country 2).	
12:30 p.m.	Lunch.	
2:00 p.m.	Group Work (Country 2).	
4:00 p.m.	Coffee Break.	
4:15 p.m.	Group Work (Country 2).	
5:00 p.m.	Adjournment.	

Wednesday, 15 November 1989

08:30 a.m.	Update on Measles and Rubella:	
	-United States	Dr. Paul Stehr-Green, PAHO/STC.
	-United Kingdom	Dr. David Salisbury, Senior Medical Officer, Department of Health, England.
09:30 a.m.	Measles Surveillance (Cont'd): Panel	*Dr. Lesley Resida, EPI Manager, Suriname. *Trinidad & Tobago. *Barbados.

10:00 a.m. Coffee Break.

10:30 a.m. Group Work (Country 3).

12:30 p.m. Lunch.

2:00 p.m. Group Work (Country 3).

4:00 p.m. Coffee Break.

4:15 p.m. Group Work (Country 3).

5:00 p.m. Adjournment.

Thursday, 16th. November 1989

08:30 a.m. Polio Surveillance in the Caribbean: Panel.
*Belize
*Jamaica.
*Guyana.
*Suriname.

10:00 a.m. Discussions on recent EPI exchange visits: Panel.
*Frederica Sands, Bahamas.
*Yvonne Labby, St. Vincent.
*Tatica Scatliffe, Br. Virgin Islands.
*Cynthia Reid, Jamaica.
*Monica Wilson, Turks & Caicos.

10:30 a.m. Coffee Break.

11:15 a.m. Group Work (country 4).

12:30 p.m. Lunch.

2:00 p.m. Final review of Country Plans.

4:00 p.m. Coffee Break.

4:30 p.m. Social Mobilization for EPI in the Caribbean: Panel.
*Andrea Okwesa, PAHO/CFNI
*UNICEF Representative.
*Rotary International Representative.

5:30 p.m. Adjournment.

Friday, 17th. November 1989

11:00 a.m.	Closing Session:	Presentation of highlights from each group. General discussions and questions. Conclusions and Recommendations.
12:00 p.m.	Adjournment.	

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SIXTH EPI MANAGERS' MEETING
BARBADOS
13 - 17TH NOVEMBER, 1989

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