



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau; Regional Office of the
WORLD HEALTH ORGANIZATION

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VII CARIBBEAN MEETING OF EPI MANAGERS

Deep Bay, Antigua
12-15 November, 1990

Final Report

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I. Introduction

The VII Caribbean Meeting of EPI Managers took place in Antigua, from 12-15 November 1990. It was opened by the Minister of Health of Antigua and Barbuda and was attended by the program managers of all the English-speaking Caribbean countries, Suriname, Aruba, Curacao, Guadalupe and Martinique.

The PAHO Caribbean Program Coordinator and the Director of the Caribbean Epidemiology Center (CAREC) were in attendance at the opening session.

Representatives of international agencies that support the program included the USAID, UNICEF, CPHA, Rotary International and the Pan American Health Organization. The Rapporteur of the EPI Global Advisory Group was also present at the Meeting.

The main purpose of the Meeting was to review the implementation of the immunization programs in each country and identify those problems that are hampering the further improvement of immunization coverage and disease surveillance, which could be addressed by better planning, management and evaluation procedures.

The objectives of the Meeting included the review of activities implemented during 1990 and the preparation of the work plans for 1991. This year, these work plans included activities relating to the elimination of Measles by 1995, especially the preparation of the "Caribbean Measles Elimination Month" being planned for May, 1991 and further activities related to the need for heightened surveillance of rash illnesses and flaccid paralysis. These last activities are essential for the eventual certification of interruption of indigenous transmission of wild poliovirus and elimination of measles from the English-speaking Caribbean.

Technical and Country presentations were made at plenary sessions. Specific country work plans were reviewed and prepared in group sessions. The plans include all activities to be implemented during 1991, with identification of financial resources needed, both from national sources and those that are to be requested and negotiated from the collaborating agencies.

The Agenda and list of participants can be found in Annex I.

II. Conclusions and Recommendations

a. Significant progress has been achieved in the majority of countries with regard to sustaining or increasing immunization coverage in the target age groups. Some countries have experienced a decrease in immunization coverage and efforts should be made to correct this situation. Table I shows coverage by country for 1988 and 1989.

b. Some progress has been made in the establishment of the groundwork needed for surveillance for flaccid paralysis and rash illnesses.

The rate of notification of flaccid paralysis for the Caribbean is increasing, but it is still low compared with other sub-regions of the Americas. It will be necessary to speed up the establishment of a system for negative reporting and also collection of stool specimens from every case of flaccid paralysis and its contacts, as prerequisites for the certification process begins.

The requirements for improvements in surveillance for flaccid paralysis can be found in both the Field Guide for Polio Eradication and the Report of the Technical Working Group that met in Trinidad 21-23 May, 1990.

c. The draft Field Guide for Measles Elimination was reviewed and comments received from participants. It is expected that this Field Guide will be finalized at the Meeting of Epidemiologists to be held at CAREC, Trinidad, January 14-18, 1991.

Further modifications will be needed to deal with indications and contra-indications for vaccination, adverse reactions, particularly with rubella and mumps vaccines, outbreak investigation and control, vaccine efficacy and social communication and mobilization.

Once completed, in February 1991, the dissemination and utilization of this Field Guide, will be critical to the success of the Program.

d. It will be necessary for PAHO and CAREC to provide permanent monitoring and support to countries as far as surveillance is concerned. This must include laboratory support and training of country epidemiologists.

e. Some of the problems that still hamper further improvement of vaccination coverage and disease surveillance are as follows:

i. On occasion, delays in payment for vaccines ordered through the EPI Revolving Fund impede the receipt of new shipments;

ii. Stand-by generators still are required at all central stores and gas and kerosene refrigerators are still in short supply for those areas without electricity;

iii. Surveillance training for the EPI diseases, particularly for measles and poliomyelitis needs to be implemented;

iv. Promotional materials, such as audio visuals, posters, flyers are in greater demand and additional resources are needed to address this issue;

v. Due to personnel and financial constraints, supervisory visits to health centers have been affected;

vi. Data collection from private practitioners is still a bottleneck for determining immunization coverage in many countries;

vii. National Plans are not systematically followed up to ensure that all planned activities are implemented.

f. As far as the Measles Elimination initiative is concerned, there are issues that still need to be addressed and resolved before the 15th of January, 1991. The major ones are:

i. The key strategy for interrupting measles transmission in all countries is the elimination of all susceptibles under 15 years of age, simultaneously. To achieve this end, the Plan of Action calls for the vaccination of all children between 1 and 15 years of age, regardless of previous vaccination status or previous history of measles disease during the "Caribbean Measles Elimination Month", which is planned for May, 1991. Therefore, every country will have to ensure that any deviation from this strategy will still achieve interruption of transmission.

ii. Financial resources, particularly for vaccine purchase, have not yet been fully identified in most countries.

The combined Measles-Mumps-Rubella (MMR) vaccine has been recommended to be used for the measles elimination effort.

It is noted, that while Measles can be eliminated with the use of Measles vaccine alone, this would represent a considerable missed opportunity for control of Rubella and Mumps. Furthermore, many countries are already using MMR vaccine and for those countries, the utilization of the Measles vaccine alone would pose additional communication and managerial problems.

The Group urges that every effort be made by Ministries of Health, with the support of PAHO and other collaborating agencies, to ensure the availability of MMR vaccine for this initiative.

iii. There were concerns over the social communication and mobilization plans. Considering the available time between now and the proposed "elimination month" in May, 1991, it is imperative that an overall communication and mobilization plan be organized for immediate implementation.

It is noted that many countries have already initiated these activities. However, if additional resources are not made available for this component of the Plan, the success of the elimination effort could be affected.

All efforts should be made by program managers to mobilize national community resources such as Rotary and Lions Clubs as well as other community and non-governmental organizations that may provide invaluable support to the initiative.

g. The exchange visits of EPI managers were reviewed and it was recommended that they continue as they are invaluable for managers to share experiences and learn from each other.

h. The VIII Caribbean meeting of EPI managers should be held in November, 1991.

TABLE 1

**IMMUNIZATION COVERAGE BY COUNTRY
1988 - 1989**

Percentage of children under one year of age
Fully immunized (3 doses or more) with DPT and TOPV)

NO	COUNTRY (In order of population size from smallest to largest)	% COVERAGE			
		1988		1989	
		DPT	TOPV	DPT	TOPV
1	Anguilla	100	100	100	100
2	Turks and the Caicos Islands	94	92	94	89
3	British Virgin Islands	84	76	100	97
4	Montserrat	91	91	93	93
5	Cayman Islands	93	95	93	93
6	St. Christopher/Nevis	94	93	100	100
7	Bermuda	83	85	74	76
8	Dominica	96	97	92	94
9	Angtigua & Barbuda	98	100	100	100
10	St. Vincent and the Grenadines	98	97	98	97
11	Grenada	65	64	87	86
12	St. Lucia	78	87	92	93
13	Belize	73	73	71	71
14	Bahamas	85	84	86	82
15	Barbados	76	73	78	80
16	Suriname	64	64	72	71
17	Guyana	64	69	77	79
18	Trinidad and Tobago	82	83	77	77
19	Jamaica	82	83	85	84

Figures are rounded off to the nearest whole number and based on reports received at CAREC by 30th April, 1990.

TABLE 1 (contd.)

**IMMUNIZATION COVERAGE BY COUNTRY
1988 - 1989**

Percentage of Children 9-18 months Immunized with Measles Vaccine

NO	COUNTRY (In order of population size from smallest to largest)	% COVERAGE Measles Vaccine	
		1988	1989
1	Anguilla	98	92
2	Turks and the Caicos Islands	92	76
3	British Virgin Islands	62	87
4	Montserrat	86	89
5	Cayman Islands	99	89
6	St. Christopher/Nevis	77	90
7	Bermuda	86	67
8	Dominica	90	88
9	Antigua & Barbuda	95	95
10	St. Vincent and the Grenadines	97	100
11	Grenada	58	89
12	St. Lucia	83	91
13	Belize	70	68
14	Bahamas	78	87
15	Barbados	84	85
16	Suriname	83	73
17	Guyana	55	69
18	Trinidad and Tobago	72	59
19	Jamaica	68	71

CARIBBEAN EPIDEMIOLOGY CENTRE (CAREC) PAHO/WHO

SEVENTH SUBREGIONAL EPI MANAGERS' MEETING

ROYAL ANTIGUAN HOTEL

ANTIGUA, WEST INDIES

12 - 16 NOVEMBER, 1990

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