

# Immunization Newsletter

Pan American Health Organization

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## XIX TAG Meeting Vaccinate your family. Protect your community.

The XIX Meeting of the Technical Advisory Group (TAG) on Vaccine-preventable Diseases of the Pan American Health Organization (PAHO) was held in Buenos Aires, Argentina from 6 to 8 July 2011.

This meeting highlighted the achievements of the countries in the Region, as well as new challenges for continued protection of their populations. The motto for the meeting, "Vaccinate your family, protect your community", reflects the importance that the TAG and the Immunization Program attribute to expanding the benefits of immunization to the community as a whole. The meeting aimed at eliciting TAG recommendations to address current and future challenges for immunization programs in the Americas. Many of which are highlighted in this article.



**XIX TAG Meeting - Buenos Aires, Argentina.**

From left to right: Pier Paolo Belladeli, - PAHO Representative in Argentina, Gina Tambini - Area Manager for PAHO's Family and Community Health Unit, Maximo Diosque - Vice-minister of Health in Argentina, Ciro de Quadros - TAG President, Jon Andrus - PAHO's Deputy Director, and Cuauhtémoc Ruiz Matus - FCH/IM Chief and TAG Secretary.

## Immunization Programs in the Americas: Challenges and Opportunities

The Regional Immunization Program has made significant progress over the last few years but continues to face great challenges. Vaccination coverage rates at the regional level are among the highest in the world. According to 2009 WHO/UNICEF coverage estimates, the coverage levels in the Americas were: 94% for BCG, 91% for polio3, and 92% for DTP3 in children aged <1 year, and 93% for measles-containing vaccines in children aged 1 year.

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## **Immunization Newsletter: Over 30 Years Reaching Every Corner of the Americas—**

**Launch of electronic book that compiles 2,500 articles published in the newsletter since 1979**

In its over 30 years of existence, the *Immunization Newsletter* of the Pan American Health Organization/World Health Organization (PAHO/WHO) has managed to reach thousands of health workers in the most remote locations in the Americas to share information on the vaccination programs with them. To celebrate its more than three decades, the e-book "Thirty Years of the *Immunization Newsletter*: History of the Expanded Program on Immunization in the Americas" was launched on 8 July. This book compiles over 2,500 articles on debates, new developments, projects, and research related to immunization.

These notes, published from 1979 to the present, describe each stage of implementation of the Expanded Program on Immunization (EPI) in the Americas, a program that is considered to be one of the most successful in the world. The notes are also a testimony of the lessons learned about the subject of immunization during these years, as well as the efforts being made to introduce new vaccines in the region.

"It is a witness to the milestones achieved in the history of immunization of a continent that is highly diverse, but united in a spirit of equity and solidarity, or Pan-Americanism, in order to achieve common goals in seeking to control and eliminate vaccine-preventable diseases," stated the Director of PAHO/WHO, Dr. Mirta Roses, in the preface of this book.

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The concept paper “Strengthening Immunization Programs” was presented to the 50th Meeting of PAHO’s Directing Council held in September 2010. The Council approved Resolution CD50.R5 “Strengthening Immunization Programs”, noting the advances in immunization and urging Member States to reiterate their endorsement

of national immunization programs as a public good and their commitment to the Regional Immunization Vision and Strategy in order to maintain the achievements, address the unfinished immunization agenda, and successfully tackle the new challenges that lie ahead. It also called for continued support for PAHO’s

Revolving Fund for vaccine procurement. As of the end of 2010, 40 Member States were purchasing vaccines, syringes, and other immunization supplies through the RF. The RF offered 45 different biologicals and the total amount of purchase orders was US\$510 million.

**Next Steps:**

- Maintain immunization as a public good.
- Maintain the achievements in terms of vaccine-preventable disease control and elimination, in the current context of an inter-dependant world.
- Strive to attain coverage levels  $\geq 95\%$  for all vaccines in each municipality.
- Strengthen vaccination and surveillance activities at all levels to prevent the risk of reintroduction of vaccine-preventable diseases that have been already eradicated/eliminated from the Region.
- Strengthen communication, education, and information with and for the population about the benefits of the vaccines and immunization.
- Continue supporting the operations of the Revolving Fund for Vaccine Procurement.
- Continue to provide technical support to Member States for the strengthening of national immunization programs and the implementation of the recommendations put forward by TAG.

**Documentation and Verification of the Elimination of Measles, Rubella, and Congenital Rubella Syndrome**

Substantial progress has been made in the process to document and verify the elimination of measles, rubella and congenital rubella syndrome (CRS) in the Americas. Resolution CSP27.R2, adopted during the 27th Pan American Sanitary Conference in October 2007, authorized the formation of an International Expert Committee (IEC) and urged PAHO Member States to establish national commissions to document and verify elimination in each country of the Region.

A primary challenge for the countries of the Americas and their national commissions is the constant threat of importations, increasing the risk of the reestablishment of endemic transmission. With nearly 148 million visitors to the Region in 2009, importations of measles and rubella from other regions are inevitable until these diseases are eradicated. Over the 2008-2010 period, 345 secondary measles cases resulted from a total of 136 measles

importations, while for 88 cases the source was unknown. Sixty percent of measles importations to the Americas have come from Europe; these outbreaks occurred in Argentina, Brazil, Canada, Chile, Ecuador, French Guiana, Jamaica, Peru, and the United States. In 2011, up to epidemiological week (EW) 25, a total of 682 measles cases had been confirmed in 7 countries and in the three French Departments in the Americas. Epidemiological investigations and genotyping confirmed transmission of measles virus mainly from European countries (60%), but also from other WHO Regions such as Africa, South East Asia and the Western Pacific. The genotypes identified include D4, D8, D9, B3, H1 and G3. The most affected age-groups are adolescents and young adults (54%), mostly in Canada (90% of the cases in this age-group in the Region are from Canada). Approximately 70% of the cases were either not vaccinated (refusals and not yet eligible), had no proof of vaccination, or their vaccination status was unknown (Figure 1).

The Region recently celebrated the two-year anniversary of the interruption of endemic rubella virus circulation as the last confirmed endemic rubella case was reported in Argentina in epidemiological week 5 of 2009. For that same year, Canada and the United States reported 4 and 3 import-associated rubella cases (genotype 2B in the United States), respectively. In 2010, the Americas reported a total of 15 rubella cases: Canada (n=7), French Guiana (n=1), and the United States (n=7). As a result of the rubella outbreaks in 2009, a total of 27 CRS cases were reported in Argentina (n=13) and Brazil (n=14). No CRS cases were reported in 2010. In 2011, up to EW 25, a total of 4 rubella cases have been reported; all in the United States (1 importation from Kenya and 1 importation from India with a secondary case, and 1 of unknown source). One CRS case (genotype 2B) imported from the Philippines was reported in Manitoba, Canada in 2011.

**Main recommendations:**

- TAG encourages countries to continue to adhere to previous TAG recommendations to maintain measles, rubella, and CRS elimination and for the rapid response to importations to the Americas. These recommendations include reaching coverage  $\geq 95\%$  of first and second (routine or in campaign) measles-rubella vaccine doses in all municipalities, strong integrated measles-rubella surveillance, and enhanced CRS sentinel site reporting.
- TAG urges countries reporting measles cases and outbreaks to conduct detailed epidemiological and virological analysis to fully characterize the cases and outbreaks.
- TAG calls upon the other Regions of the world and the WHO to implement strong measures for the control of current measles outbreaks and to further advance their control and elimination initiatives. TAG also supports country requests to include the topic of a global measles and rubella eradication goal in the discussion at the next World Health Assembly.

- National commissions, in collaboration with ministries of health, should continue to implement a national plan of action for the documentation of measles, rubella, and CRS elimination, with technical cooperation from PAHO and the IEC.
- Countries should complete the analysis and evaluations of key components included in the regional plan of action and submit their final country report to the IEC by December 2011.

## Plan of Action to maintain the Americas Free of Polio

A Plan of Action to maintain the Americas free of poliomyelitis during the transition from the pre to post-eradication eras was presented during this session<sup>1</sup>. The Plan of Action provides a framework for the American Region to remain free of poliomyelitis during the pre- and post-eradication eras, as well as during the transition between both eras. The Plan articulates a comprehensive strategy to enhance all aspects of community protection and epidemiologic surveillance. Its implementation will be conducted in accordance with the priorities and strategies of PAHO's Family and Community Health Area (FCH).

The session discussed the risks of receiving an importation of wild poliovirus or of a vaccine-derived poliovirus (cVDPV), as well as on the risk of having an outbreak of cVDPV similar to the one that occurred in Dominican Republic and Haiti in 2000-2001.

The risk of having an outbreak was defined as the risk of receiving an importation<sup>2</sup> (related to travelers), of failing to rapidly detect it (quality of surveillance) or of the potential for transmission in the community (levels of coverage/immunity, personal hygiene and sanitation).

TAG's recommendations considered the above mentioned risk analysis, the current global epidemiological situation, the success of the Region at remaining polio-free, its previous recommendations, and the position paper "Polio vaccines and polio immunization in the pre-eradication era" (published in WHO's Weekly Epidemiological Record on 4 June 2010).

### Recommendations:

- Countries of the Region of the Americas should continue to use the OPV vaccine until global polio eradication is achieved.
- Countries of the Americas using only IPV in their immunization schedules should only do so where they comply fully with the minimum requirements recommended by WHO and PAHO, as described above.
- Countries considering the use of IPV before the global eradication of poliomyelitis should use sequential schedules that include OPV and/or conduct periodic OPV campaigns.
- Countries that do not achieve polio vaccine coverage  $\geq 95\%$  in every municipality must conduct annual OPV immunization campaigns for children aged  $<5$  years, regardless of their vaccination status.
- Countries must maintain certification standards of AFP surveillance (in compliance with surveillance indicators).

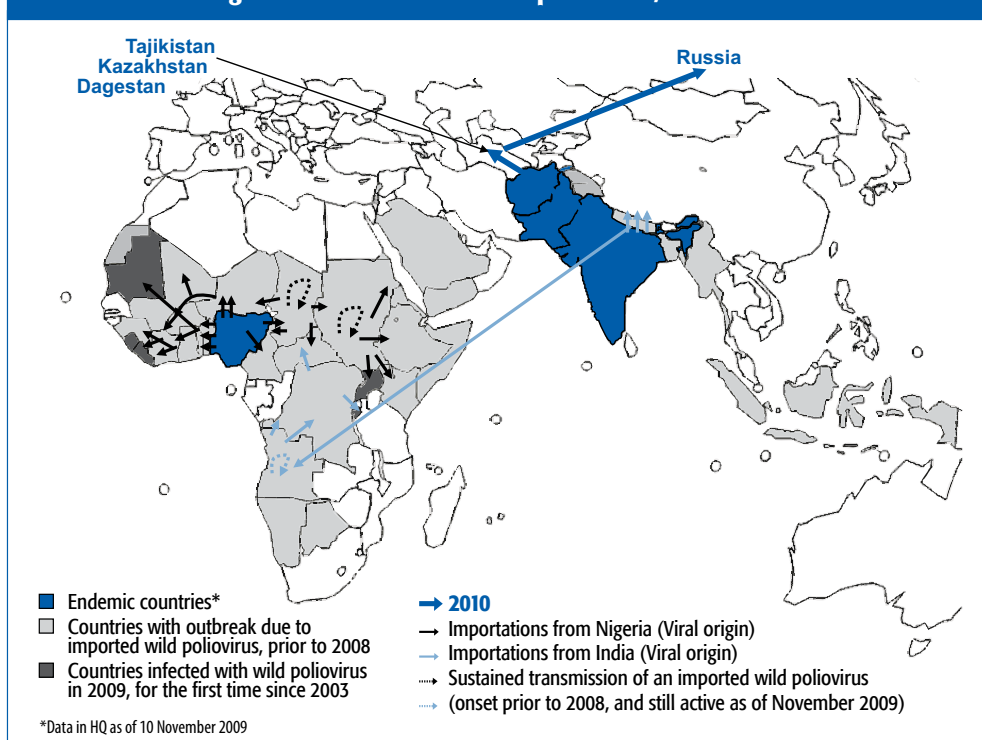
## Vaccination against Seasonal and Pandemic Influenza

Progress continues to be made in the introduction of seasonal influenza vaccine in the Region. As of 2010, 9 countries and territories of the 45, or 86.6%, are using the vaccine in the public sector. Upon the emergence of a new influenza

(H1N1) virus detected in North America and on 11 June 2009, the WHO declared the first pandemic of the XXI century. PAHO's technical cooperation on pandemic influenza (H1N1) vaccination was provided along four main

lines: 1) supporting use of seasonal influenza vaccination in 2009 for countries and territories not yet using the vaccine; 2) assisting countries in drafting pandemic vaccination plans of action; 3) supporting pandemic influenza

Figure 1. Wild Polio Virus Importations, 2008-2010.



<sup>1</sup> The transition between eras is defined in this Plan as the period since the last reported case of wild poliovirus in the world until the declaration of global eradication by the Global Certification Commission (GCC).

<sup>2</sup> See Figure 1.

vaccine acquisition; and 4) monitoring the implementation of vaccination, vaccine safety, and disseminating this information. Approxi-

mately 350 million doses of pandemic vaccine were acquired in the Region. Latin American and Caribbean (LAC) countries established

specific vaccination goals for high-risk groups<sup>3</sup>, targeting approximately 147 million people.

### Recommendations:

- Ensure that pandemic preparedness plans include the vaccination component as an integral part of the response measures.
- Reiterate previous recommendations that countries vaccinate older adults, children, those with underlying conditions, and healthcare workers. Because of the vulnerability of pregnant women to complications from influenza infection, TAG urges countries to increase vaccine uptake of pregnant women.
- Encourage countries to strengthen their risk communication efforts and to engage scientific/professional organizations and societies in order to reach target populations.
- Urge countries to document influenza vaccination coverage in high-risk populations. As more countries in the Region are introducing influenza vaccine, it becomes more important to assess the impact of influenza and conduct vaccine effectiveness studies in high-risk populations.
- PAHO should continue to promote the transfer of technology for influenza vaccine production in the Region, in order to increase its availability.

### Pneumococcal Conjugate Vaccines

There are currently 3 pneumococcal conjugate vaccines (PCVs) available on the market and prequalified by the WHO: the 7-valent (PCV7), the 10-valent (PCV10), and the 13-valent (PCV13). The WHO, in its last position paper on pneumococcal conjugate vaccine in 2007, considered the vaccine a priority for the vaccination schedules of the countries. Moreover during the 2006 and 2009 meetings, the TAG recommended that all countries of the Region implement surveillance systems in order to know the profile of the disease and monitor the impact of the introduction of the vaccine.

As of May 2011, the following 17 countries<sup>4</sup> in the Region have introduced the PCV to their national immunization programs: The United States (2001); Canada (2002), Costa Rica (2007); Bermuda, Mexico, Uruguay (2008); Barbados, Peru (2009); Brazil, Ecuador, El Salvador, Panama, Nicaragua (2010); Chile, Colombia, Honduras, and Guyana (2011). Three territories have also introduced this vaccine: Aruba, the Cayman Islands, and French Guiana (see Figure 2).

**Figure 2 . Year in Which PCV was Introduced to the Region of the Americas, 2011.**

YEAR	COUNTRY
2001	United States
2002	Canada
2006	–
2007	Costa Rica
2008	Mexico, Uruguay, Bermuda, French Guyana
2009	Peru, Barbados, Caiman Islands
2010	Aruba, Brazil, Ecuador, El Salvador, Panama, Nicaragua
2011	Honduras, Guyana, Chile, Colombia, Curaçao
Total	17 countries and 5 territories

### Main recommendations:

- TAG endorses the recommendations of the ad hoc scientific group.
- Countries should consider three doses of the pneumococcal conjugate vaccine as the minimum for a vaccination schedule. The administration options can be 3 doses (primary series) without a booster or 2 doses (primary series) with a booster for children aged between 12 and 15 months, taking into account the epidemiological profile of the disease in each country.
- Countries should base the decision regarding the option of opting for a 3 dose schedule (primary series) without booster or a 2 dose schedule (primary series) with a booster for children aged between 12 and 15 months, mainly on the burden of the pneumococcal disease of the country and pneumonia mortality in children aged <2 years. If the country has a high burden of disease and a high mortality in children aged <7 months, the country should opt for the 3 dose schedule in the primary series; if the burden of disease and mortality is more important in children aged >7 months, the country could consider using the 2 dose schedule in the primary series with a booster.
- Considering that there is currently no direct data available regarding interchangeability among the various PCVs, and only indirect evidence is available:
  - Vaccination schedules should be completed with the same type of vaccine;
  - If the same vaccine is not available, the series should preferably be completed with a vaccine that has the same carrier, or;
  - If it is not possible to complete the series with the same type of vaccine, any other type of PCV can be used;
  - The options are therefore: If one begins a series with PCV7, one can complete the primary series with the vaccine available (PCV10 or PCV13) and if the primary series was completed with PCV7, the child can receive a booster dose with PCV10 or PCV13.
- Countries, and other stakeholders, should continue to research: immunogenicity, vaccination series, effectiveness, safety, vaccine interchangeability, and replacement of serotypes.

<sup>3</sup> High-risk groups: people who live in areas of low coverage or with poor immunization program performance.

<sup>4</sup> For additional information, please see: *Immunization Newsletter*, Vol. XXXIII, No. 2, 2011.

- Countries should implement and/or strengthen the surveillance of pneumococcal caused diseases in sentinel hospitals, in accordance with PAHO/WHO recommendations, in order to know the epidemiological profile of the disease and acquire evidence for decision-making with respect to the use of the PCVs.
- Countries, and other stakeholders, should continue cost-effectiveness studies on PCV introduction.
- Countries where interchangeability between PCV7 and PCV10 occurs, should document their results.

## Cholera Vaccination

Following the continued of the cholera epidemic in Haiti<sup>5</sup>, despite efforts to improve water and sanitation, has made a reassessment of the potential role of cholera vaccines necessary. Over the last few months, recognized figures and opinion-makers in academia and non-

governmental organizations have made repeated calls for cholera vaccination to be part of a comprehensive approach to curtail cholera in Haiti.<sup>5</sup> Quantitative models have been used to show the potential impact of cholera vaccines under different scenarios and assumptions.

Notably, however, while repeated cholera exportations from Haiti to other countries of the Region have occurred, none has yet resulted in sustained outbreaks.

### Recommendations:

- TAG sees the cholera outbreak in Haiti as a manifestation of a wider and deeper humanitarian crisis in the country and a risk for repeated exportations to countries in the Region. The outbreak thus needs to be addressed in a definitive way with the support of the regional and international communities. TAG calls on regional governments to work with the Haitian government and people towards this end.
- TAG endorses the recommendations from the December 2010 ad hoc Scientific Consultation on Potential Role of Cholera Vaccination in the Americas, and suggests that cholera vaccination be considered as an important complimentary tool for the control and prevention of cholera on the island of La Hispaniola. It is of critical importance to do so while ensuring that the coverage of EPI vaccines, including follow-up polio and measles-rubella campaigns, improves in a sustainable manner. TAG recognizes that cholera vaccination should not compete with the provision of other health interventions to prevent and control cholera or associated with other vaccine-preventable diseases and may thus require additional human and/or financial resources.
- TAG recognizes that in addition to the immediate benefits for the vaccinated persons, vaccination in underserved urban and rural areas could provide an invaluable opportunity to assess logistical and operational challenges in cholera vaccine deployment that are specific to Haiti. These initiatives should include the commitment and options to sustain and possibly expand the vaccination if the National Authorities decided to do so.
- TAG does not recommend vaccination of health care workers and responders present in Haiti and vaccination of international travelers to Haiti. Observation of hygienic and sanitary precautions should offer reasonable protection to oneself and others.
- Currently, cholera vaccination is not advised in any other area of the Region. Vaccination of specific groups should only occur if a risk assessment showed significant risks of cholera importation, propagation, and sustained transmission.
- Considering the global shortage of cholera vaccines, PAHO should work towards assuring a timely supply of prequalified vaccines for those countries where vaccination would be warranted. PAHO and partners should work together to mobilize resources to ensure access to and deployment of available vaccines in the Hispaniola, as necessary.

## Dengue

During the last decade, dengue incidence has dramatically increased in LAC. Except for Uruguay and continental Chile, dengue virus transmission now occurs in all countries. In 2010, 1,663,276 clinical cases were reported throughout the Americas. Of these cases, 717,875 cases were laboratory confirmed, 48,954 cases were classified as clinically severe and 1,194 case-patients died. Since 2003, PAHO has supported Member States with the implementation of an integrated strategy for dengue prevention and control. This strategy has five components: 1) patient care, 2) social communication, 3) epidemiological surveillance, 4) vector control, and 5) laboratory capacity. As several dengue vaccines are in development, concrete prospects exist that dengue vaccination could, in a near future, be an additional component of the integrated strategy. In particular, a live-attenuated vaccine against all four dengue viruses may complete its phase III clinical trials as early as 2013 and could be licensed in 2014–2015. Consequently, an incentive exists for Member States and PAHO to prepare for the evidence-based and timely introduction of dengue vaccines, in the context of an integrated control approach.

### Recommendations:

- PAHO's ProVac Initiative should continue to support national level decision-making through the use of economic evaluations grounded in local data, when available, for the future introduction of dengue vaccines. PAHO should work in coordination with other initiatives, such as the Dengue Vaccine Initiative (DVI).
- The PAHO Secretariat should review surveillance systems to ensure that they can inform vaccination policies and allow vaccination impact monitoring.

<sup>5</sup> For additional information, please see: *Immunization Newsletter*, Vol. XXXIII, No. 1, 2011.

## Vaccination Week in the Americas

In 2011, Vaccination Week in the Americas (VWA) was celebrated for the 9th time in the Region under the theme “*Vaccinate your Family, Protect your Community*”. This is an initiative which seeks to promote equity and access to vaccination, the transition from child

to family immunization, and Pan Americanism or solidarity between countries. Over the history of the initiative more than 350 million individual of all ages have been vaccinated under the framework of VWA.

The success of VWA has come to serve as a model for the implementation of simultaneous sister initiatives in other WHO Regions, inspiring a growing movement towards a World Vaccination Week.

- The European Region celebrated the sixth anniversary of European Immunization Week (EIW) Fifty-two countries participated in the initiative this year, under the theme of “*Shared solutions to common threat*”.
- The Eastern Mediterranean Region witnessed a majority of their Member States’ participation in the second celebration of Vaccination Week in the Eastern Mediterranean (VWEM). This year’s slogan was “*Partnership for Immunization*”.
- Both the African and Western Pacific Regions celebrated their first vaccination week initiatives in 2011. The slogan chosen for African Vaccination Week (AVM) was “*Vaccinated communities, Healthy communities,*” and the theme for the 2011 initiative was “*Put mothers and children first; Vaccinate and stop polio now*”. Approximately 35 countries participated in the inauguration. The slogan for the first Vaccination Week in the Western Pacific was “*A healthy future for your family*”, with thirty-one countries, including China, taking part.
- The South East Asian Region has expressed its commitment to implement a vaccination week initiative in 2012; with this addition all WHO Regions will be implementing their own vaccination week efforts, ten years after VWA first began in the Americas.

TAG congratulates all countries and territories in the Region for their exemplary achievements over the history of VWA.

### Recommendations:

- VWA should continue to be supported as an initiative that strengthens routine vaccination programs in the Region by targeting hard-to-reach populations for vaccination, enhancing collaboration across borders and highlighting the importance of disease prevention and health promotion in public forums and in the media.
- The political commitment given to VWA should be maintained to help ensure that national immunization programs are prioritized.
- VWA should continue to be used as a platform for the integration of other preventative interventions with immunization.
- Countries should explore different methodologies to evaluate the impact of VWA on the regular immunization program.
- TAG also recommends that countries advocate for and support a Resolution to be brought before the World Health Assembly in 2012 to formalize the implementation of a World Vaccination Week.

## National Immunization Technical Advisory Groups (NITAGs)

Many LAC countries have well-established, active NITAGs. Following the 2006 TAG recommendations calling for PAHO to help countries build national capacity to make evidence-based immunization policy, PAHO’s ProVac Initiative began facilitating exchanges between countries

in the Americas to share lessons and experiences regarding their NITAGs. In addition, NITAG chairs from 19 countries participated in PAHO sub-regional meetings on vaccine-preventable diseases in 2010. The XIX TAG included the participation of NITAG chairs from the entire Region.

PAHO has developed operational guidelines for NITAGs. These guidelines aim to help countries establish NITAGs or strengthen existing NITAG practices.

### Main recommendation:

- TAG underscores the role of NITAGs in providing technical and policy advice to national immunization programs and governments.

## Other recommendations (by topic):

### Evidence-based Decisions

- PAHO should help countries in the Region to develop an evidence base to inform future decisions with regards to dengue and second generation vaccines by rolling out a phase II of the ProVac Initiative, while continuing to build the Member States’ capacities to use economic analyses to inform the decision making process for the introduction of new vaccines.
- TAG encourages PAHO to extend technical support to Member States with the use of economic analyses in order to assess the costs and benefits of Hepatitis A vaccine introduction.

### Human Papilloma Virus (HPV) Vaccination

- PAHO should continue to work with countries to increase the uptake of HPV vaccine in the Region, in the context of a comprehensive cervical cancer prevention and treatment strategy.
- Special projects and HPV vaccine donations should only be undertaken after considering the sustainability of the intervention after the end of the project or donation.
- PAHO should develop a regional monitoring strategy to assess the impact of HPV vaccination.

## Mumps

- TAG endorses all of the proposed recommendations from the Working Group Meeting that took place last June.

## Nominal Immunization Registries

- TAG welcomes the progress on the development and implementation of national computerized nominal immunization registries in the Region.
- Countries and PAHO should continue documenting and exchanging experiences on the development and implementation of computerized nominal immunization registries.
- Nominal immunization registries should aim at ensuring interoperability with other information systems.
- PAHO should work in coordination with other sectors and initiatives related to e-government, information and communication technologies (ICTs), birth registration, among others.

## Pertussis (Whooping Cough)

- TAG commends the efforts that countries are undertaking to improve pertussis surveillance and reiterates all previous recommendations on case definitions, quality of surveillance, and vaccination coverage.
- TAG urges countries to undertake initiatives to improve pertussis surveillance.
- For the optimal protection of new born children, TAG recommends immunizing pregnant women in outbreak situations.

## Post-marketing Surveillance of the Rotavirus Vaccine in the Americas

- Countries should continue using the rotavirus vaccine in their routine vaccination programs because the benefits of the rotavirus vaccine with regards to diarrhea-caused hospitalizations and deaths in children aged <5 years are much greater than the risk of intussusception that this vaccine can present.

## Systematic Documentation of the Introduction of New Vaccines

- TAG welcomes this study and encourages similar experiences as other countries introduce new vaccines.

## Vaccination against Hepatitis

- All countries are encouraged to maintain high Hepatitis B (Hep-B) vaccine coverage and adhere to the 2009 WHO recommendation of using a Hep-B birth dose of the vaccine.
- Countries are encouraged to conduct epidemiological and cost-effectiveness studies for the introduction of hepatitis A vaccine to support evidence-based decisions in light of existing public health priorities.
- Countries in the Americas are urged to join the celebration of the Global Hepatitis Day on 28 July as a day to commemorate the accomplishments in the control of hepatitis and to advocate for further efforts.

## Vaccine Laws and Financing

- TAG reemphasizes previous recommendations regarding vaccine legislation and financing.
- TAG encourages countries to follow the example of Member States that have established legal frameworks to protect and ensure financial sustainability of national immunization programs.

## Vaccine Safety

- Countries should develop risk communication plans as a fundamental component of their risk management (plan outlining the strategies to prevent and manage crisis), taking into account political, societal, cultural, and economical factors. The strategy of risk communication should be part of the national immunization annual plan of action, in order to ensure adequate planning before the occurrence of a crisis.
- During a crisis, transparency should be guaranteed by promptly and frequent communication with the public of what it is known and not known, and what is being done, using simple messages that consider a wide and diverse audiences.
- Countries should establish and institutionalize mechanisms for the coordination and participation of the different stakeholders (inside and outside of the health sector) involved in a rapid response to a crisis (e.g. mass media, scientific societies, medical and scientific experts, civil society organizations such as cancer leagues, women's associations and patient groups). Roles and responsibilities, and the most adequate flow of information and communication should be clearly established before a crisis emerges.
- Countries should properly document the occurrence of ESAVIs through rigorous and timely investigation, with the purpose of generating strong scientific evidence to guarantee the safety profile of all the vaccines used.
- Countries should limit the occurrence of programmatic errors by implementing adequate and permanent training and supervision to health workers, to ensure that general vaccination principles are followed.
- PAHO should continue working with countries, in collaboration with partners, to strengthen local capacity on vaccine safety through workshops for healthcare workers and journalists, with particular emphasis on fostering alliances with the media.

The *Immunization Newsletter* is published every two months, in English, Spanish, and French by the Comprehensive Family Immunization Project of the Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization (WHO). The purpose of the *Immunization Newsletter* 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 possible solutions to those problems.

An electronic compilation of the *Newsletter*, "Thirty years of *Immunization Newsletter*: the History of the EPI in the Americas", is now available at: [www.paho.org/inb](http://www.paho.org/inb).

References to commercial products and the publication of signed articles in this Newsletter do not constitute endorsement by PAHO/WHO, nor do they necessarily represent the policy of the Organization.

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*IMMUNIZATION NEWSLETTER* continued from page 1

The *Immunization Newsletter* e-book describes step-by-step how the countries in the Americas have been leaders on the worldwide level in elimination or reduction of vaccine-preventable diseases. The different notes describe the advances and challenges the region faced in elimination of polio, which was achieved in 1991. They also show the efforts to combat other diseases: the last endemic case of measles was reported in 2002 and the last endemic case of rubella was reported in 2009. Although imported cases are still recorded, mass vaccination has prevented their expansion. Therefore, it is considered to be essential to maintain elimination of these diseases.

The *Immunization Newsletter* is prepared by the PAHO/WHO Comprehensive Family Immunization Project. It is the oldest newsletter in the world, which is published every two months

in Spanish, English, and French. It has been published in French since 2003. The newsletter reaches over 7,500 people in the region and in the world free of charge. Since it began, its purpose has been to facilitate the exchange of ideas and information on the vaccination programs implemented in the region, so that more people in the health sector learn about the problems and possible solutions that have been attempted in other places.

Up until the present the aim has been for the *Newsletter* to reach all people that are in some way associated with or work with the subject of immunization: from vaccination program managers, pediatricians, infectious disease specialists, epidemiologists, and nurses to health workers that provide vaccines in remote or isolated areas of the Americas. For a long time, the print version of the newsletter has reached the most



remote zip codes in the Americas by subscription. At present, it can also be accessed electronically.

With the release of this e-book, the *Immunization Newsletter* re-launches its electronic and paper subscriptions for all those who are interested in knowing about the advances and challenges of vaccination in the Americas.

**If you are not already receiving the Newsletter, please visit the IM website or send an email to [fch-im@paho.org](mailto:fch-im@paho.org) to subscribe.**