

# Immunization Newsletter

Pan American Health Organization

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Immunize and Protect Your Family

April 2014



## Vaccination Week in the Americas 2014

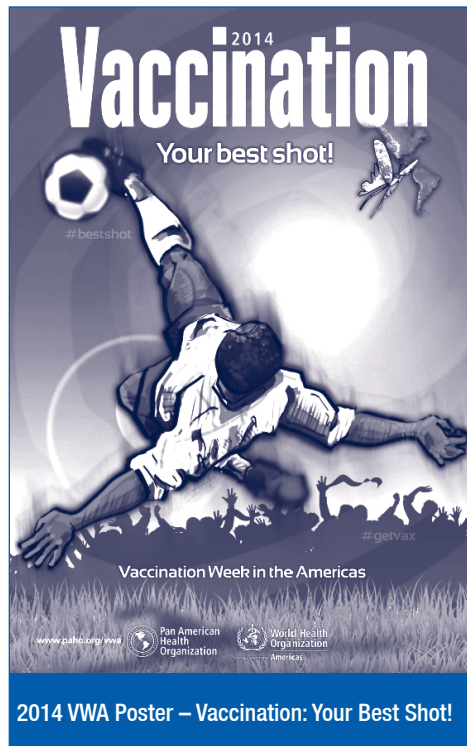
This week the countries and territories of the Americas are celebrating the 12th Vaccination Week in the Americas (VWA) with the regional slogan: "Vaccination: Your best shot!" This slogan was chosen to encourage people to protect themselves and the Region against the importation of polio, measles, and other vaccine-preventable diseases, in the context of the FIFA World Cup, where people from all over the world will come to our Region.

To kick-off VWA, the regional launch was held in Montevideo, Uruguay on 26 April with the participation of PAHO's Director Dr. Carissa F. Etienne, Uruguay's Minister of Health, and key partners such as the United States Centers for Disease Control and Prevention (CDC), Food and Agriculture Organization, GAVI, Organization of American States, UNICEF, the United Nations, the United Nations Population Fund, and UN Women. Additional launching celebrations were also held throughout the Region at local, national, and international levels.

During this Vaccination Week, thousands of health workers vaccinated more than 63 million people of all ages, including those living in remote, border, and urban fringe areas, indigenous populations, and other at-risk groups against a wide range of diseases such as poliomyelitis, rubella, congenital rubella syndrome, measles, diphtheria, mumps, whooping cough, neonatal tetanus, influenza, yellow fever, diarrhea caused by rotavirus, bacterial pneumonia, and human papilloma virus, among others.

Additionally, at least 18 countries and territories integrated other preventative health interventions along with vaccination campaigns. Some examples of these activities included deworming, vitamin A supplementation, chronic disease and obesity screening, and education on breastfeeding.

Please visit [www.paho.org/vwa](http://www.paho.org/vwa) to view more information and campaign materials. ■



2014 VWA Poster – Vaccination: Your Best Shot!

## Supervisors Meeting on New Vaccine Surveillance

Five consultants from the Pan-American Health Organization (PAHO), along with Lucia Oliveira (regional advisor on new vaccines), Gloria Rey (regional advisor on VPD-Laboratory), and Jennifer Sanwogou (surveillance specialist) met in Washington, DC on 11-13 March 2014 to discuss improving the quality of sentinel surveillance data for rotavirus and invasive bacterial infections in Latin America and the Caribbean.

In September 2013, a World Health Organization (WHO) strategic review meeting of the WHO-coordinated global invasive bacterial vaccine-preventable diseases (VPDs) and rotavirus sentinel surveillance networks took place with the objectives of: 1) critically assessing the current invasive bacterial VPDs and the rotavirus surveillance network; and 2) providing conclusions and recommendations for the future vision for the network. One of the main conclusions and recommendations of the review was the urgent need to improve the surveillance data quality for both invasive bacterial VPDs and for rotavirus in a smaller number of sentinel sites.

Following these recommendations and with the objective of improving the quality of sentinel hospital-based surveillance data in Latin America and the Caribbean, PAHO organized a meeting for a small working-group on supervision. The participants included 5 experts in epidemiological and/or laboratory activities, who worked together to develop a supervisory guide to be used in sentinel sites in the Region. This guide includes all the new criteria to be evaluated.

With this new guide, consultants will be visiting sentinel sites in the Region throughout the remainder of 2014. The team from the sentinel site with the most improved data quality will receive an award from PAHO at the next Global New Vaccines Surveillance meeting in 2015. ■

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## Celebrating 40 years of EPI

Watch the film that gives a snapshot of the Expanded Program on Immunization (EPI) and how it all began 40 years ago. What started as an ambitious effort to tackle six vaccine-preventable diseases has become one of the world's most successful public health programs. The success of EPI demonstrates the importance of constant research, innovation, and bold ambitions.

Watch the video on 40 years of EPI available here:  
<http://bit.ly/Zw91nS>

## Measles and Rubella Preparedness for the World Cup

The 2014 FIFA World Cup, which will be celebrated in Brazil this year, is just around the corner, and given that measles and rubella viruses are still circulating in other regions of the world, the Region of the Americas is at risk of virus importations, meaning that travelers can potentially bring the measles or rubella virus to our Region.

To this end, PAHO's countries are getting ready, particularly those countries bordering Brazil and whose national soccer teams will be participating in the World Cup. Nine countries held measles and rubella vacci-

nation campaigns during Vaccination Week in the Americas, and special efforts were made to strengthen country surveillance systems so that no suspect measles and/or rubella cases were missed.

PAHO has created promotional materials that include social media messages, posters, flyers, infographics, and a video to increase awareness and preparedness among travelers. The messages were designed to target travelers who will attend the World Cup, as well as health care workers and physicians so that they, too,

are aware of the risk and advise patients on timely vaccination before travel. These materials are being promoted via social media and some countries are partnering with airports, airlines, and the tourism sector to further disseminate these messages.

PAHO/WHO encourages travelers attending the World Cup to be vaccinated against measles and rubella at least two weeks prior to departure.

All promotion materials may be downloaded at [www.paho.org/vwa](http://www.paho.org/vwa). ■

**THE AMERICAS VS. MEASLES & RUBELLA**

We've already won the first half. Measles and Rubella have been eliminated in the Americas, and we plan to keep it that way.

**600,000** fans from all around the world will flock to Brazil this year to enjoy the World Cup.

**19 out of 32** countries participating in the World Cup reported measles cases in 2013. This could reintroduce the virus to the Americas.

**Intercept. Defend. Strike.**

All we need is **one shot** to win the game

Scan for more info

**GET VACCINATED!**  
 PAHO-WHO recommends travelers get vaccinated at least 2 weeks before going to the World Cup

**HEALTH ALERT!**

**ENJOY THE 2014 FIFA WORLD CUP TRAVEL SAFELY WITHOUT MEASLES AND RUBELLA**

Measles and rubella have been eliminated in the Americas. Travelers whose vaccinations are not up-to-date are at a higher risk of contracting either disease when in close contact with travelers from countries where the viruses still circulate.

During your trip and when you get home, please be on the lookout for these symptoms:

- Fever
- Rash
- Cough or coryza (runny nose) or conjunctivitis
- Joint pain
- Swollen glands

If while traveling or on your return you believe that you have measles or rubella:

- Stay at home, or in your hotel room if traveling, except to seek medical attention. Do not travel and do not go to public places.
- Avoid close contact with others for 7 days after your rash appears.

For more information: Contact the Ministry of Health

Pan American Health Organization  
 World Health Organization  
 Americas

[www.paho.org](http://www.paho.org)

## Paraguay and the Americas against Measles and Rubella

With a kickoff from the President of the Republic of Paraguay himself, Mr. Horacio Cartes, who made a symbolic “goal” in front of the crowd, the National Vaccination Campaign against measles and rubella was launched in the country’s capital Asunción. This also marked the beginning of the meeting of the International Experts Committee (IEC) and National Commissions of the countries of the Americas to document and verify the elimination of measles, rubella and congenital rubella syndrome (CRS) in the Americas. The event, held on Monday 21 April, was attended by representatives of 58 countries from around the globe; PAHO/WHO Representative in Paraguay, Dr. Carlos Castillo Solórzano; IEC President, Dr. Merceline Dahl-Regis; and local authorities, as well as the Vice President of Paraguay, Mr. Juan Afara; the Health Minister, Dr. Antonio Barrios; members of the legislature; the mayor of the city of Luque, Mr. Cesar Meza; among others.

According to Paraguayan health officials, the goal of the “Paraguay in action, measles and rubella-free” (*“Paraguay en acción, libre de rubéola y sarampión”*) campaign is to vaccinate 738,000 children between 1-5 years old throughout the entire country. The vaccination campaign, which has started and will end on June 5, is being supported by a media campaign. The material was presented at the launch. In one minute, this material strongly encourages child vaccination with messages from the Minister of Health and Deputy Minister, Dr. María Teresa Barán. The message is then repeated with an animated football (soccer) game in which children are playing against the viruses, which they manage to beat using vaccines as a shield.

Dr. Castillo-Solórzano highlighted the commitment already made by Paraguay towards the elimination of measles and rubella in the Americas. “Making this international meeting



Mr. Horacio Cartes, President of the Republic of Paraguay, makes a symbolic “goal” to initiate the campaign against measles and rubella. Photo credit: PAHO-PAR.



PAHO-Paraguay receives members of the IEC. Photo credit: PAHO-PAR.



Patriotic colors and sounds displayed by a group of Paraguayan children receive President Cartes and his guests. Photo credit: PAHO-PAR.

for documentation happen in Asunción is a tribute to Paraguay, which in 2003 proposed the initiative to eliminate rubella and CRS in the Americas to PAHO’s Governing Bodies, so that no child is ever again born deaf, blind, or with congenital heart malformations because of the rubella virus,” he stated.

The football (soccer) theme provided the framework for the campaign’s presentation. It was enacted by a group of children from a public school in Luque. Dressed in the colors of different countries and carrying their flags, they greeted officials and guests in attendance, giving a touch of color and warmth to the event.

Members of the IEC were declared distinguished visitors by the Municipality of Asunción and by the Municipality of Luque. ■

## Second REVELAC-i Meeting

Representatives from 13 Latin American countries, the US Centers for Disease Control and Prevention (CDC), Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), I-MOVE Network, and PAHO met in Cartagena de Indias, Colombia on 26-28 March to review the preliminary results from vaccine effectiveness studies in Latin American countries; discuss evidence needs for health authorities regarding maternal immunization and the correct use of the influenza vaccine; identify areas of cooperation and inter-agency collaboration principles in the Network for the Evaluation of Influenza Vaccines in Latin America and the Caribbean (REVELAC-i); share the experiences of Chile and Colombia in the development and implementation of national electronic immunization registries; and train REVELAC-i team members on the analysis and interpretation of influenza vaccine effectiveness data, according to the current case test-negative controls protocol.

Officially formed in March 2013<sup>1</sup>, REVELAC-i currently includes 13 countries in the Region. During the second REVELAC-i meeting, the following topics were presented and discussed:

- Adjustments necessary to the REVELAC-i protocol for vaccine evaluation in 2014, taking into account the specificities of new participant countries such as Ecuador.

- An update on influenza vaccination in Latin America and the Caribbean as well as on PAHO/WHO influenza surveillance protocols.
- Sharing of other countries/networks' experiences with conducting influenza vaccine effectiveness studies using designs similar to the REVELAC-i project and the translation of the evidence generated for decision-making.
- Presentation of the regional results of the multicenter REVELAC-i vaccine effectiveness evaluation during the 2013 season, including the experiences and lessons learned from Argentina, Brazil, Chile, Colombia and Paraguay, in addition to the countries that participated in the 2012 pilot phase (Costa Rica, El Salvador, Honduras and Panama).
- Progress and challenges of complementary projects related to influenza prevention and control.
- Presentation of the REVELAC-i web platform, to share the progress, protocols, documents and updates related to the project.

Following presentations/discussions sessions, the group divided into two groups. The first group consisted of representatives from immunization programs that conducted field visits to observe Colombia's national immunization registry in practice at local health facilities. Immunization registries were highlighted as an important tool to obtain accurate vaccination history that is crucial to influenza vaccine effectiveness assessment.



Participants of the second REVELAC-i meeting, Cartagena de Indias, Colombia, March 2014. Photo credit: PAHO-COL.

A second group (surveillance, national influenza centers, immunization epidemiologists/professionals) participated in an interactive training session aiming at getting acquainted with vaccine evaluation key concepts and analytical methods.

Following the meeting, a teleconference with the participants will be scheduled to form working groups on the proposed research topics to move forward with the coordination and planning for each REVELAC-i project.

For a list of updated REVELAC-i articles, please visit <http://www.revelac-i.org/portal/otros-documentos-tecnicos-y-material-util/articulos-cientificos/> ■

<sup>1</sup> "Evaluating the Effectiveness of the Seasonal Influenza Vaccine in Latin America and the Caribbean: The Technical Declaration of the City of Antigua". Immunization Newsletter. April 2013; Vol. XXXV No. 2 (p.1). Available at [www.paho.org/immunization/newsletter](http://www.paho.org/immunization/newsletter)

## Mid-Term Review for the GAVI-Graduation Process in Honduras

From 6 to 14 March, a team from PAHO's Immunization and Health Systems and Services (HSS) Units, together with GAVI Secretariat officers, met with Ministry of Health (MOH) authorities in Honduras to conduct a mid-term review of the country's GAVI graduation process. This assessment was conducted within the context of a new government administration and broad reforms within the MOH.

PAHO conducted a desk review of key documentation: the EPI 2011-2015 strategic plan and 2014 plan of action, the Country Report submitted to PAHO's Technical Advisory Group (TAG) in 2013, the latest GAVI Annual Progress Reports and JRFs, the 2007 EPI Review Report, and immunization-related results from the 2012 Demographic & Health Survey (DHS). Inter-

views were conducted with key actors within the MOH, the Ministry of Finance (MOF), the National Statistics Institute (INE), the National Congress' Commission for Health, and the National Immunization Advisory Group.

The mission concluded that there is sustained political and civil society commitment at all levels, to safeguard universal access to the national immunization services. The 1998 EPI legal framework was consolidated with a new Vaccine Law (2014), to sustain the vaccines budget line and additionally guarantee operational resources; development of its norms and regulations is in progress. Nevertheless, the national financial crisis remains a challenge.

Based on identified risks and opportunities, the MOH and the mission team agreed on strategic

areas and activities to be supported technically and financially to better prepare the country for 2016 and beyond: a health account system and a sub-account for immunization (seeking sustainable financing for local-level activities), strengthening of MOH information systems (Vaccine Supplies Stock Management [VSSM], electronic registries, infrastructure), collaboration with the INE and the National Population Register for more accurate denominators, maximization of the EPI model within the new Primary Health Care model, cold chain replacement plan, supply chain, and social mobilization, among others. The country has consolidated a transition plan and will shortly present a consolidated GAVI proposal for a strengthened health system. ■

## Lessons Learned: Evaluating the Effectiveness of the Seasonal Influenza Vaccine in Colombia, 2013-2014

Since 2013, Colombia has participated in a multicenter evaluation of the effectiveness of the seasonal influenza vaccine, within the framework of the Network for the Evaluation of Influenza Vaccines in Latin America and the Caribbean (REVELAC-i)<sup>1</sup>. In Colombia, the project is led by the Ministry of Health and Social Protection (MSPS), and the National Institute of Health (NIH), with support from the Pan American Health Organization (PAHO), TEPHINET (Training Programs in Epidemiology and Public Health Interventions Network) and the United States Centers for Disease Control and Prevention (CDC), in the company of local health departments.

In Colombia, influenza vaccination began in 2005 with the Northern Hemisphere formulation of the vaccine. In 2006, after analyzing epidemiological and virological surveillance data for 1996-2006, the country decided to change to the Southern Hemisphere vaccine formulation. Currently, the national influenza vaccination schedule targets children aged 6 to 23 months, pregnant women, adults over 50 years old and people at risk for developing severe illness.

The evaluation is proposed as part of influenza surveillance and as an annual process. It aims to estimate the effectiveness of the trivalent inactivated seasonal influenza vaccine in preventing hospitalizations due to influenza. This evaluation is intended to provide evidence to support vaccination programs and strategies in participating countries, contribute to assessing their impact, and to guide the implementation of complementary preventive and control measures in seasons characterized by low vaccine effectiveness.

The evaluation is based on existing networks of sentinel hospitals for influenza surveillance, and is implemented as a case-control study enrolling patients with severe acute respiratory illness (SARI) belonging to vaccination target groups that are hospitalized at the participating sentinel hospitals during the influenza season. Cases are defined as SARI patients that tested positive for influenza by RT-PCR and controls as SARI patients that tested negative. Vaccination status is compared between cases and controls to estimate vaccine effectiveness.

To select the participating hospitals for the 2013 influenza season, the REVELAC-i team reviewed the current status and data from all sentinel hospitals and those were assigned scores in a decision matrix based on criteria such as compliance of hospitals with SARI cases reporting, the number of SARI cases identified among vaccination target groups in previous years, the frequency of specimen collection and RT-PCR testing, the training and interest of health personnel participating, completeness and quality of data needed including vaccination history and laboratory results, in addition to other practical aspects such as easy access to the field for the national surveillance team to support and monitor progress of the pilot. Upon review, 5 sentinel hospitals in Bogota were selected.

The first phase of the evaluation in 2013 served as a pilot and focused on strengthening surveillance in selected hospitals and promoting the timely and systematic identification of SARI cases with adequate use of the case definition established by surveillance (adapted from the PAHO 2011 SARI surveillance regional guidelines). In 2014, the implementation phase continues with strengthening surveillance in sentinel hospitals while expanding to further regions and sentinel hospitals.

The set up and implementation of this evaluation have been key in promoting cross-institutional coordination and multidisciplinary work. It is currently viewed as a national rather than an institutional process which has contributed to prioritizing the initiative in the public health agenda. Moreover, it has also helped raise awareness of the importance of repeated training of surveillance personnel taking into account the high turnover that characterizes many health services in Colombia.



Household visit to ascertain vaccination status, REVELAC-i in Bogota, 2013. Photo credit: REVELAC-i Colombia.

The pilot experience highlighted the difficulty in collecting immunization data, despite vaccination history being solicited in SARI case-report forms. Thus, for the 2014 season, strategies were developed to complete the missing information using the Ministry of Health's online immunization registry (EPIweb) and efforts were made to raise awareness among health-care personnel of the importance of these data for the estimation of vaccine effectiveness.

The pilot phase has shown that data collection tools used by departmental or district public health laboratories were not quite compatible with the tools used in health institutions, to the duplication of efforts within the same institution. Also, we found that insufficient information was provided to children's caregivers regarding the influenza vaccination schedule and the evaluation was considered an opportunity to address them.

Finally, it is necessary to improve the strategies for immunization data collection in the SARI case-report forms and other vaccination records in order to provide precise annual vaccine effectiveness estimates, in a more efficient and sustainable way. ■

**Contributed by:** Viviana Calderon, TEPHINET; Gabriel Camero, National Institute of Health-Colombia; Jacqueline Palacios, Ministry of Health-Colombia; Patricia Salas, National Institute of Health-Colombia; Juliana Barbosa, National Institute of Health-Colombia; and Nathalie El Olmeiri, PAHO-Panama.

<sup>1</sup> "Evaluating the Effectiveness of the Seasonal Influenza Vaccine in Latin America and the Caribbean: The Technical Declaration of the City of Antigua". Immunization Newsletter. April 2013; Vol. XXXV No. 2 (p.1). Available at [www.paho.org/immunization/newsletter](http://www.paho.org/immunization/newsletter)

## EPI Cold Chain Strengthening and Immunization Registries, Dominican Republic

In a joint effort by the Ministry of Public Health and the Office of Social Policy, led by the Vice President of the Republic, the Expanded Program on Immunization was equipped with 500 dual refrigerators (gas and electric), 1100 thermometers, 1500 thermoses, 8000 icepacks, 70 coolers, 1000 tanks and 500 double gas regulators to strengthen the cold chain in 50% of the country's vaccination posts. These devices not only increase the storage capacity because the thermoses have a higher capacity than the ones currently in use, but will also provide greater security against power outages by using gas refrigerators.

This "injection" of resources is done entirely with the government's budget, which supports the political will to improve the quality of care and strengthen the cold chain, in a year when the use of the rotavirus and

pneumococcal vaccines is consolidated, having been introduced to the EPI in 2012 and 2013, respectively.

Similarly, there have been 1012 computers delivered to 90% of the vaccination posts, initiating a process of computerization of the immunization registries that will resolve the accounting of actual coverage in each municipality. For now, training in basic computing has started for those responsible for vaccination posts and will culminate with



The Vice President of the Dominican Republic accompanied by the Director of Public Health, the Director of Strengthening the Service Network, and the national EPI manager, at the time of delivery. Photo credit: Irene Leal, PAHO-DOR.

the implementation of immunization registry software in 2014 and 2015. ■

## Brazil Introduces the HPV Vaccine Nationwide

On March 10, 2014, Brazil's president Dilma Rousseff launched the national vaccination campaign against human papillomavirus (HPV). This year, the Ministry of Health plans to vaccinate 5.2 million girls aged 11–13 years; vaccination will target girls aged 9–11 years and from 2016 girls aged 9 years in 2015.

The quadrivalent vaccine is being administered in an extended immunization schedule (three doses at 0, 6 and 60 months). In a partnership with a national and an international manufacturer, the Ministry of Health is overseeing a technology transfer so that the HPV vaccine is produced locally within five years.



Brazil's President Ms. Dilma Rousseff (center) at the launch of the national HPV vaccination, with the Minister of Health (right) and the Governor of the State of Sao Paulo (left). Photo credit: MOH-BRA.

Health workers are administering the HPV vaccine at public and private schools and at the 36,000 vaccination

centers of the national health system. Upon receiving the first dose, a girl is informed as to which vaccination center to attend for the second dose.

The Ministry of Health is closely tracking vaccine uptake at the sub-national and local levels. An online system, called vacinômetro (vaccine-o-meter), reports daily data for the 5,565 municipalities (districts) of the country. As of 24 March, two weeks into the vaccination, 31.1% of targeted girls had received their first HPV vaccine dose (1.6 million doses administered).

In the Americas, 20 countries—including Brazil, Argentina, Canada, Colombia, Mexico, Panama, Paraguay, Trinidad and Tobago, the United States, and Uruguay—now offer the HPV vaccine in their publicly funded immunization programs. The introduction in Brazil is particularly relevant because it increases the proportion of adolescent girls in the Americas with guaranteed access to HPV vaccine from 58.9% to 81.3%. ■



Brazil's online vaccine-o-meter helps track vaccine data at the sub-national and local levels.

## Pertussis/Diphtheria/Tetanus/Mumps Case Data, 2012-2013

Country	Pertussis		Diphtheria		Tetanus				Mumps	
	2012	2013	2012	2013	Neonatal		Non-neonatal		2012	2013
<b>The Americas</b>	<b>71675</b>	<b>47343</b>	<b>2</b>	<b>5</b>	<b>11</b>	<b>20</b>	<b>541</b>	<b>470</b>	<b>22801</b>	<b>16696</b>
Anguilla	0	0	0	0	0	0	0	0	0	0
Antigua and Barbuda	0	0	0	0	0	0	0	0	0	0
Argentina	1239	1112	0	0	0	0	10	11	4619	3772
Aruba	...	...	...	...	...	...	...	...	...	...
Bahamas, The	0	0	0	0	0	0	0	0	0	0
Barbados	0	...	0	...	0	...	0	...	0	...
Belize	44	6	0	0	0	0	0	0	2	0
Bermuda	3	0	0	0	0	0	0	0	0	0
Bolivia	0	31	0	0	0	0	0	0	0	764
Brazil	4744	5211	0	4	2	3	291	213	...	...
Canada	4845	1261	1	0	...	...	4	2	54	92
Cayman Islands	0	0	0	0	0	0	0	0	0	0
Chile	5762	1964	0	0	0	0	6	10	876	821
Colombia	3289	13682	0	0	2	0	48	31	9377	7884
Costa Rica	130	58	0	0	0	0	1	1	30	0
Cuba	0	0	0	0	0	0	3	2	0	0
Curaçao	...	1	...	0	...	0	...	0	...	0
Dominica	0	0	0	0	0	0	0	1	0	0
Dominican Republic	11	17	0	0	1	0	39	55	0	498
Ecuador	54	35	0	0	1	0	0	27	799	1308
El Salvador	37	7	0	0	0	0	7	4	351	274
Grenada	0	0	0	0	0	0	0	0	2	0
Guatemala	273	34	0	0	0	0	0	2	143	0
Guyana	0	0	0	0	0	0	0	0	0	0
Haiti	0	0	0	0	...	15	...	...	...	...
Honduras	48	25	0	0	2	0	15	12	138	158
Jamaica	2	2	0	0	0	0	4	1	0	0
Mexico	978	961	0	0	0	0	28	20	5683	...
Montserrat	0	...	0	...	0	...	0	...	0	...
Nicaragua	68	0	0	0	0	0	1	1	4	35
Panama	47	42	0	0	0	0	10	0	134	165
Paraguay	44	81	0	0	1	0	5	6	247	172
Peru	1173	1373	0	1	0	1	17	35	...	...
Saint Kitts & Nevis	0	0	0	0	0	0	0	0	0	0
Saint Lucia	0	0	0	0	0	0	0	0	0	0
Saint Vincent and the Grenadines	0	0	0	0	0	0	0	0	0	0
Sint Maarten	...	0	...	0	...	0	...	0	...	0
Suriname	1	3	0	0	0	0	1	0	0	0
Trinidad and Tobago	0	0	0	0	0	0	1	0	0	0
Turks and Caicos Islands	0	0	0	0	0	0	0	0	0	0
United States of America <sup>a</sup>	48277	21108	1	0	1	0	37	26	229	533
Uruguay	598	323	0	0	0	0	0	1	113	205
Venezuela	8	6	0	0	1	1	13	9	0	15
Virgin Islands (UK)	0	0	0	0	0	0	0	0	0	0

Source: PAHO-WHO/UNICEF Joint Reporting Forms (JRF) and Country reports to FGL-IM/PAHO, 2013-2014

<sup>a</sup> US Data Source: Morbidity and Mortality Weekly Report (MMWR) / October 17, 2014 / Vol. 63 / No. 41

Note: Table does not include French Department territories, Netherland Antilles, Puerto Rico, and US Virgin Islands.

... - Not available

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).

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## El Salvador Celebrates Vaccination Week in the Americas

On 21 May, the Ministry of Health (MOH), the Pan American Health Organization/World Health Organization (PAHO/WHO), the Salvadoran Social Security Institute (ISSS), and the Municipality of Suchitoto launched the 12th Vaccination Week in the Americas (VWA) and 3rd World Immunization Week (WIW) in Cuscatlán, Suchitoto, El Salvador.

The theme of VWA this year, "Vaccination: Your Best Shot!" was a call to action to protect the population of the Americas against vaccine-preventable diseases (VPDs) like measles and rubella in the upcoming World Cup, with the additional purpose of securing past vaccination achievements reached by the Region.

El Salvador's Minister of Health, Dr. María Isabel Rodríguez, stated that health workers participated all over the country during VWA, vaccinating 550,000 children aged 5 years and younger. For the first time in El Salvador, the Tdap (tetanus, diphtheria and acellular pertussis) vaccine was given to 100,000 pregnant women, along with the continued administration of the pneumococcal vaccine, to 40,000 people age 60 years and over. Additionally, VWA efforts in El Salvador focused on seasonal influenza vaccination, targeting

1,105,100 people, especially children aged 6 months to 5 years, pregnant women (at any gestational age), older adults, people with chronic diseases, and health workers.

In addition to promoting equity and access to immunization, VWA 2014 strongly emphasized vaccinating from the youngest of children to the head of the family, keeping immunization on the political agenda, as well as keeping El Salvador free from poliomyelitis and measles through vaccination, epidemiological surveillance and inter-border coordination.

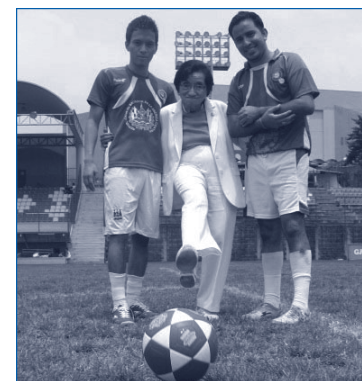
The Salvadoran MOH has pleaded for all travelers to check their immunization records and get vaccinated against measles and rubella at least two weeks before their trips to the upcoming 2014 World Cup celebrations in Brazil. ■



Local and health workers stand with the children benefited by VWA 2014. Photo credit: Kathya Jovel, PAHO-ELS.



El Salvador's Minister of Health, Dr. María Isabel Rodríguez, applies the first vaccine dose during VWA, alongside El Salvador's PAHO/WHO Representative, Dr. José Ruales. Photo credit: Kathya Jovel, PAHO-ELS.



Dr. María Isabel Rodríguez poses with El Salvador's soccer/football players Gabriel Reyes and Douglas Martínez to record a PSA for VWA 2014. Photo credit: Herber Vargas, MOH-ELS.