

EPI Newsletter

Expanded Program on Immunization in the Americas

Volume XXIII, Number 4

IMMUNIZE AND PROTECT YOUR CHILDREN

August 2001

Presidents of Honduras and Costa Rica share experiences on immunization programs

The experience of Costa Rica's successful mass measles/rubella vaccination campaign was a topic of discussion during a recent meeting held between the President of Honduras, Mr. Carlos Flores and the President of Costa Rica, Mr. Miguel Angel Rodríguez in Tegucigalpa, Honduras, July 3, 2001.

As reported by the newspaper *La Nación* of Costa Rica, President Flores asked for advice on the planning of the nationwide campaign: "According to President Flores, besides dealing with the topic of regional integration, he requested advice on two issues. One had to do with the mass vaccination campaign against rubella and measles, during which Costa Rica had vaccinated 1.7 million men and women between the ages of 15 and 39 years of age. Honduras is seeking to implement a similar plan." *La Nación* reported

The Campaign

During the month of May, the Ministry of Health and Costa Rica's Social Security Administration (CCSS) implemented a National Immunization Day against the diseases of rubella and measles, targeting men and women between the ages of 15-39 years, regardless of their immunization status. The target group represented 42% of the country's total population. The magnitude of this initiative was a challenge for the

country's health services network. The campaign has generated useful knowledge and experiences from the implementation of rubella vaccination strategies. Data of the campaign reported a national coverage of 98%.

President Rodriguez's Remarks

In the Final Report of the national mass campaign issued by the Ministry in conjunction with the CCSS, President Rodriguez recognized the dedication of health workers throughout the implementation of the one-month campaign. "The success of the national immunization campaign is the result of the efforts of health workers, who during the month of May 2001, mobilized almost half the population to be vaccinated. Men and women, adolescents and adults of all sectors of the country responded to the call of the health services and committed themselves with a noble public health action that will allow us to end with deafness, blindness, malformations and retardation in infants caused by rubella in a pregnant woman," President Rodriguez said.



Source: *La Nación*

Presidents Carlos Flores of Honduras and Miguel Angel Rodriguez of Costa Rica discuss Costa Rica's lessons learned of that country's recent mass measles/rubella campaign.

Source: *La Nación*, by Sandra Irene Zumbado of Costa Rica. The Ministry of Health and Social Security Administration (CCSS), Costa Rica.

In this issue:

Presidents of Honduras and Costa Rica share experiences on immunization programs	1
Haiti's Polio Campaign: a Success Story	2
Isolation of vaccine derived poliovirus in AFP cases and environmental sampling	3
Bolivia/PAHO/World Bank Partnership	

Supports Second Generation EPI	4
Performance Agreements: Management by Results	5
Rubella Vaccination of Women of Childbearing Age in the Americas ...	6
Immunization programs in the Americas reach out to other age groups ..	6
Reported Cases of Selected Diseases	7
Costa Rica approves Vaccine Law	8

Haiti's Polio Campaign: a Success Story

Background

On August 28, 2000, a case of acute flaccid paralysis (AFP) was reported from the Northwest Department in Haiti. Laboratory analysis of the stool sample confirmed that a Sabin-1 derived virus infected this unvaccinated child, the first such case reported in the Region of the Americas. Since then, five other paralytic poliomyelitis cases have been confirmed in Haiti, all due to the circulation of the derived virus. The occurrence of this outbreak in Haiti was due to years of low polio vaccine coverage, and poor sanitary conditions, creating a pool of susceptible individuals in which the derived virus could be transmitted.

The Response

Initial attempts to control the outbreak included vaccination in the immediate area surrounding the cases, and fixed-post vaccination throughout the country. Due to inadequate planning, logistical problems, and heavy rains in parts of the country, the immunization activities resulted in sub-optimal results (< 40% coverage).

Therefore, a nationwide door-to-door campaign of polio vaccination for all children under 10 years of age was carefully planned and implemented in May-July, 2001. The campaign consisted of school and house-to-house vaccination, concentrating efforts on several departments at a time in a "rolling campaign" approach. Of the estimated 2.26 million target population, preliminary results indicate that by mid-July over 2.4 million doses have been applied. The excess doses could be attributed to 1) vaccination of the same children at both school and in their home, 2) immunization of children outside the target age group, and 3) underestimation of the number of children < 10 in Haiti.

To validate administrative data, systematic field monitoring of polio vaccine coverage was implemented in nearly all municipalities in the country. Both rural and urban areas at risk of low coverage, due to weak supervision or difficult terrain, were evaluated. Nationwide coverage was estimated to be at approximately 90% (Figure 1). However, this monitoring was conducted in order to identify areas for mop-up activities, and therefore overall coverage after vaccinating these areas will be well above 90%.

Enhancing AFP surveillance

Sensitive and timely reporting of AFP cases was recognized as a priority in controlling this outbreak. Two activities

were initiated in order to improve AFP surveillance: 1) all vaccination personnel were trained to conduct active case search during their house-to-house activities, and 2) a US \$100 award was announced by the Ministry of Health for the reporting of a laboratory confirmed case. In addition, PAHO will continue to provide consultant epidemiologists to reinforce the surveillance activities of the Ministry of Health.

Additional benefits towards strengthening the routine program

The polio vaccination campaign benefits the improvement of the general infrastructure, surveillance, and inter-sectorial and inter-agency cooperation. This was documented in the *Taylor Report* (March, 1995), which evaluated the impact of the EPI program and the polio eradication initiative on health systems in the Americas. In Haiti, the vaccination campaign has resulted in an overall improvement in the management capacity of the health professionals at the central, departmental and local levels. Because the campaign requires extensive logistical planning, it has



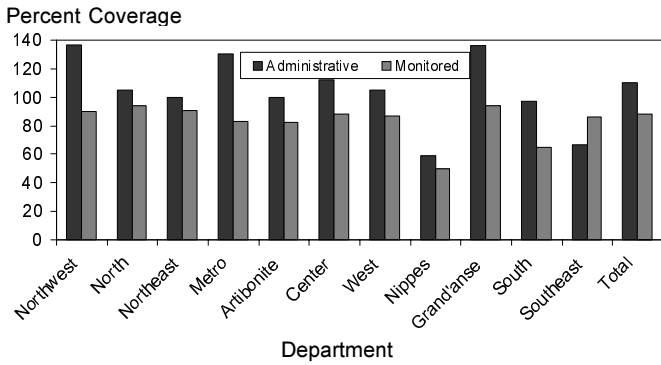
Source: L. Venczel
Health worker in Haiti conducting house-to-house monitoring of polio vaccination coverage.

been an excellent training for the cold chain technicians, supervisors, and EPI managers in the proper management of vaccines and equipment. As a direct benefit of the campaign, the cold chain is being strengthened through a rapid assessment of the equipment, and repair of broken refrigerators and solar equipment. Local health care workers have been trained in how to conduct complete field investigations of suspected measles and acute flaccid paralysis cases, and the reporting system has been improved. Another benefit of the campaign is the use of monitoring of coverage in the field as a tool to validate reported coverage. Over 100 persons have been trained in the methodology, which is also used for validating reported vaccine coverage for the regular immunization program. All these best practices will be applied to other health programs, as has been the experience in other countries.

Future activities

The Ministry of Health has planned a second polio "rolling campaign" scheduled for the fall, 2001. In addition to using the same successful strategies as the first round, measles vaccination will be included in the house-to-house portion. The target population for measles vaccination has yet to be determined. If the results of the second round are similar to those obtained in the first round, the vaccine-derived cases will cease to occur.

Figure 1
Administrative and monitored OPV coverage, first round, Haiti, July 2001



Source: Dr. Emile Harold Charles, M.D., MOH, Director General, Haiti; Jean André, M.D, Fernando Laender, M.D., Hector Izurieta, M.D., James Dobbins, Ph.D., Salvador Garcia, M.D., and Linda Venczel, Ph.D., PAHO

Editorial Note: The efforts of Haiti's health authorities and the admirable work of its health staff will become an example for the world of a country's determination to overcome all obstacles in order to prevent further occurrence of the vaccine derived cases. The spectacular results of the first round of the anti-polio campaign in Haiti were made possible because of the unwavering commitment of the Minister of Health, and the Director General of Haiti, as well as the staff in the Ministry of Health and Health Departments. A special Task Force, comprised of both national and international members, was instrumental in the planning and implementation of the control activities. These efforts in Haiti offer an excellent example of interagency coordination, both in technical and financial support. Figure 2 shows that the Ministry of Health (MOH) contributed with 20% of the total cost of the activity and was supported by

several partners that among them contributed 80%.

Noteworthy are also the efforts being done by the Dominican Republic in halting the circulation of the Sabin-1 derived virus. Table 1 shows the outstanding results of the three vaccination rounds held in December 2000, and February and May of this year.

Figure 2

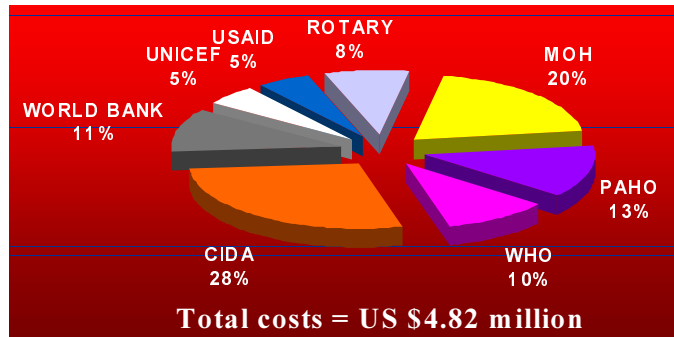


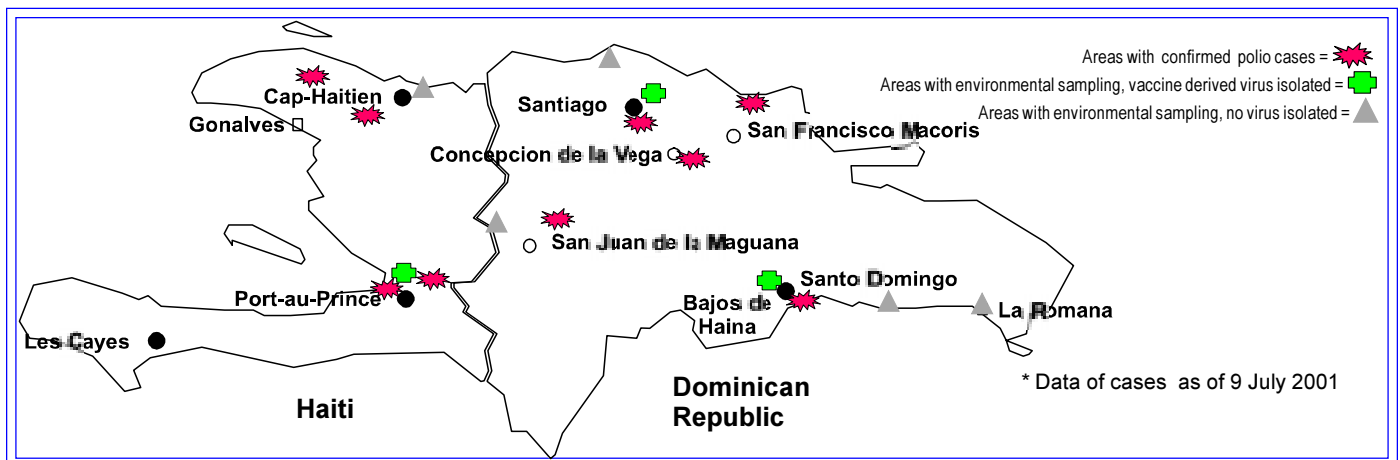
Table 1
National polio campaigns, Dominican Republic

Round	Vaccinated		
	< 1 year n = 225,815	1 - 4 years n = 912,332	TOTAL n = 1,138,147
One (December 2000)	304,616	829,649	1,134,265
Two (February 2001)	244,534	907,999	1,152,533
Three (May 2001)	254,213	881,502	1,135,715
Average of the three rounds	267,788	873,050	1,140,838

Source: Ministry of Health, Dominican Republic

* These results reflect the problems encountered in estimating the correct denominator. Nevertheless, they reflect very high coverage in both age groups.

Isolation of vaccine derived poliovirus in AFP cases and environmental sampling



Editorial Note: As a complement to the active search for acute flaccid paralysis (AFP) cases, environmental sampling was conducted in Hispaniola, in order to test for Sabin-1 derived viruses in sewage, canals, and public latrines. Preliminary results indicate that three geographic areas tested positive for derived viruses (Port-au-Prince, Haiti; Santo Domingo and Santiago, in the Dominican Republic). Confirmed cases of paralytic poliomyelitis due to the vaccine-derived virus were also confirmed from the same areas.

Source: University of North Carolina, Chapel Hill, Virology Laboratory USA, and PESS/PAHO.

Bolivia/PAHO/World Bank Partnership Supports Second Generation EPI

Background

The first phase of the Bolivia Health Sector Reform project covering the years 1999-2000 has been successfully completed. Major lessons from Phase I include: a) the partnership had a major impact on the National Immunization Program by catalyzing immunization policy changes and by increasing the Program's financial sustainability; b) strengthening the overall capacity of the health system to deliver services is key to the development and implementation of sustainable immunization programs; c) the importance of indicators that measure not only immunization, but all aspects of health care reform (the health reform indicators for equity and sustainability used for the Project were based on immunization data); d) tools developed in the Bolivian experience have made important contributions to the operations of the Children's Vaccine Fund /Global Alliance for Vaccines and Immunization (GAVI); and e) Bolivia introduced immunization targets within performance-based contracts with local governments, to encourage competition between areas for the highest coverage rates, and to reduce the number of municipalities with low vaccination coverage. These efforts have reinforced accountability of immunization activities at all levels of the health system.

By 2000 coverage with three doses of diphtheria, tetanus and pertussis (DTP) was up from 75% in 1996-1998, to 89%. Coverage with combination vaccine (pentavalent), which includes DTP, hepatitis B and *Haemophilus influenzae* type B, now reaches 75% of the target population. The number of municipalities with low coverage has dropped by two-thirds. Furthermore, allocations for vaccines and other inputs from the Government of Bolivia have more than tripled, from \$1.2 million in 1999, to \$3.06 million in 2000.

Phase II (2002-2005): National Coverage and Financing of New Vaccines

On March 29, 2001, the Government of Bolivia and members of the Inter-agency Coordinating Committee signed a Memorandum of Understanding endorsing the Second Generation Expanded Program on Immunization (EPI-II). The Committee recognized the achievements made during Phase I of the Project and identified areas to be strengthened during the second phase. It was proposed that the National Immunization Program continue on the three lines of action, focusing on critical elements that will ensure the sustainability of the Program. Below is a brief summary

1. *Institutional strengthening of the EPI to accelerate the adoption and implementation of immunization policies.* The activities under this line of action will secure national financing of vaccines and syringes with the progressive input from the Government and simultaneous approval of a Vaccine Law; maintenance of national and regional teams (including communication and transportation); development and implementation of an electronic system

for administrative processes to ensure appropriate utilization of resources; and equipping of three regional EPI offices for training and coordination and cold chain rooms. Operational investigations will be strengthened to identify missed opportunities for vaccination in establishments, and to evaluate the impact of new vaccine introduction. In addition, the application of injection safety norms would be monitored.

2. *Strengthening of health services to improve coverage and support for the consolidation of new vaccine introduction.* Under Phase II, introduction of pentavalent, MMR and yellow fever will be consolidated through training, supervision, as well as the use of Information Education and Communication (IEC) strategies based on the information obtained during the KAP investigation. These strategies are expected to become the framework for all communication and education activities throughout the network of health services and will be evaluated on a periodic basis.

An incentive system will be created for those who distinguish themselves in EPI work: health workers, as well as for staff at municipalities and prefecturas. Local initiatives that strengthen the delivery of immunization within the health services system will be promoted, using the strategy that reduces missed opportunities for vaccination. Monitoring of municipalities at risk will continue on an ongoing basis and immediate action will be taken at the department level in those municipalities reporting low vaccination coverage.

3. *Strengthening of information and surveillance systems.* Phase II of the project will support continued quality control mechanisms for epidemiological surveillance, such as active institutional and community searches of vaccine preventable diseases and rapid monitoring of vaccination coverage. Training and supervision, using the continuing education approach and auditing of the quality of information, will remain important components of the Project's second phase. In addition, tools to facilitate the analysis of EPI information at all levels will be promoted. These activities are planned to be implemented jointly by the SNIS and the unit of Epidemiological Surveillance. At the end of the Phase II, a vaccination coverage survey will be carried out to validate administrative data.

Financing of Vaccines Phase II

Building upon the experience of Phase I, a structured plan for phasing in Government support and phasing out external support will be put in place. As shown in Figures 1 and 2, during the second phase of the Project specific attention will be given to financing new vaccines that were introduced in the vaccination schedule during Phase I. Financial contribution by partners will decrease on an annual basis, until the third year. The Government, on the other hand, will increase national financing towards the procure-

ment of vaccines in the amount of US \$500,000 annually, until it covers the total amount at the end of the project.

Targets for Phase II

As shown in Table 1, actions and investments under Phase II are expected to result in:

- coverage levels above 90% by 2005
- reduction in the number of municipalities with low coverage to 31
- domestic self-sufficiency in vaccine purchases.

Table 1

Phase II Targets				
	2002	2003	2004	2005
Immunization coverage with pentavalent 3	85%	87%	90%	93%
Municipalities with 3 doses of pentavalent coverage < 80% percent	83	70	50	31
Financing of vaccines by the Government (US\$ millions)	4	4.5	5	5.5

Figure 1
Projected immunization program expenditures, 2002-2005

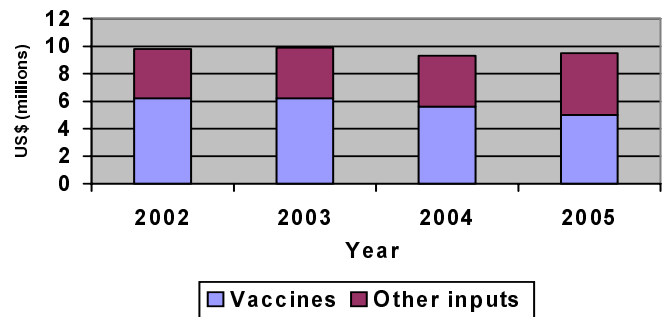
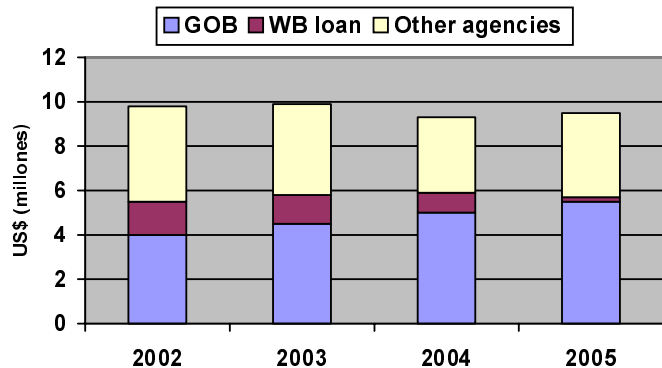


Figure 2
Projected immunization program financing by source, 2002-2005



Performance Agreements: Management by Results

One of the three broad lines of action of the Bolivia/PAHO/World Bank Health Sector Reform Project is aimed as the institutional strengthening of the national immunization program. An important aspect of this component is the management strengthening of immunization activities at the central and department levels, to ensure the achievement of set targets. This initiative is principally being carried out through the use of performance agreements, which are agreements between two public institutions. In this way, departments at the country level share responsibility to accomplish high immunization coverage, while at the same time reducing the number of municipalities reporting low vaccination coverage.

Performance agreements consist of agreements between the management levels of the Ministry of Health and the highest health authorities of each health institution in the country. They are legally binding documents that are signed by both parties, which establish the responsibilities and competencies of all participants, as well as annual targets with well-defined indicators. The main purpose of this tool is to promote management by results, namely that all efforts are focused on the achievement of specific

activities within the framework of a country's health sector policies, measuring and evaluating the performance by the production of services, as by the effective management of administrative procedures. Monitoring of performance agreements is carried out on a quarterly basis, with an annual evaluation. This tool is of particular relevance in the processes of decentralization, since it incorporates indicators of institutional strengthening and decentralization at the various levels of the health system.

Performance agreements benefit countries since they ensure efficient management by results; they benefit health establishments by providing them with a system of control and by allowing for room for the strengthening of national institutions. However, above all, they benefit the population because improving the equitable delivery of quality health services is the ultimate goal of a performance agreement. The participation of the community is ensured through district and municipal committees, as well as through performance agreements committees which include their participation.

Source: Dirección General de Servicios de Salud, Ministry of Health, Bolivia

Rubella Vaccination of Women of Childbearing Age in the Americas

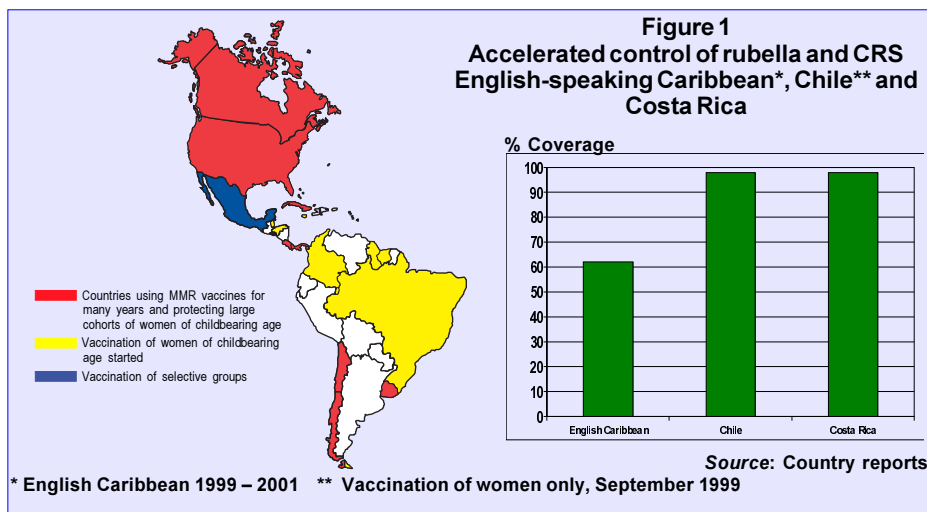
In 1997, the Technical Advisory Group (TAG) on Vaccine-Preventable Diseases of the Pan American Health Organization recommended developing appropriate vaccination strategies aimed at reducing the number of susceptible women of childbearing (WCBA) to rubella in response to the potential for major rubella outbreaks and ongoing incidence of congenital rubella syndrome. Specifically, TAG's recommendations state that:

- Countries wishing to prevent and control CRS promptly should conduct a one-time mass campaign to vaccinate all females 5-39 years of age with measles and rubella containing vaccine.

- Countries wishing to prevent and control both rubella and CRS promptly should conduct a one-time mass campaign to vaccinate both males and females 5-39 years of age with measles and rubella containing vaccine.

In an effort to reduce the risk of rubella infection in women of childbearing age, the United States, Canada,

Cuba, Chile, Costa Rica, Panama and Uruguay are using measles/mumps/rubella vaccine (MMR) for many years, thereby protecting large cohorts of WCBA. Brazil, Colombia and Honduras have scheduled vaccination against rubella in the postpartum period, and Mexico has initiated vaccination among risk groups (Figure 1).



Adult rubella vaccination campaigns in the framework of accelerated rubella and CRS programs are being implemented. CARICOM established in 1998 the goal to eliminate rubella and CRS in the English-speaking Caribbean, and are in the process of completing their adult rubella mass campaigns.

In September 1999, Chile implemented a mass vaccination campaign aimed at women between the ages 10 to 29 years, reaching a vaccination coverage of 98%. Costa Rica embarked on a national mass campaign targeting men and women from 15 to 39 years old, reaching a national vaccination coverage of 98% (*EPI Newsletter*, February and June, 2001).

Immunization programs in the Americas reach out to other age groups

The Region of the Americas began to establish national immunization programs in the 1970s with the objective of promoting the prevention of some of the common childhood diseases through immunization. At that time, few vaccines were available or financially accessible to the countries - BCG, DPT, TT, OPV, and the vaccine against measles was just being introduced. Nowadays, most of the countries have successfully incorporated other vaccines as part of their routine immunization programs for children, such as the combined vaccine against measles/rubella/mumps (MMR), the vaccine against *Haemophilus influenzae* type b, and the vaccine against hepatitis B, the latter two in combination with DPT. The success of the organization of immunization programs is reflected in the drastic reduction of morbidity and mortality of these diseases, including the achievements of eradicating the circulation of wild poliovirus in the Hemisphere, as well as the proximity of eradicating indigenous measles transmission.

In the past years and as a result of better knowledge of the epidemiological situation of diseases, as for example the identification of risk areas for neonatal tetanus, and the

development of new strategies for the prevention of diseases, such as the prevention of influenza in groups at high risk of death by this infection and its complications, national immunization programs of various countries have expanded their areas of work. Vaccination strategies have been developed aimed at other age groups, that include adolescents and adults against measles and rubella, vaccination of women of childbearing age against tetanus, vaccination against hepatitis B targeting health staff, and vaccination targeting chronic patients and the elderly against influenza.

In 2001, vaccination campaigns have been carried out against influenza in Chile and Brazil. In Chile, approximately 1,5 million people were vaccinated. Vaccination coverage in the target populations groups which included persons over 65 years of age, chronic patients and health staff, reached levels of 98.5%, 95.5 and 93.1%, respectively. Brazil carried out in April 2001, a vaccination campaign against persons over 60 years of age against influenza. The campaign reached 10,7 million personas, which represents a coverage level of 82.1%.

Reported Cases of Selected Diseases

Number of reported cases of measles, poliomyelitis, tetanus, diphtheria, and whooping cough, from 1 January 2001 to date of last report, and the same epidemiological period in 2000, by country.

Country/Territory	Date of last report	Measles			Confir- med* 2000	Polio		Tetanus				Diphtheria		Whooping Cough	
		Confirmed 2001				2001	2000	Non Neonatal		Neonatal		2001	2000	2001	2000
		Labo- ratory	Clini- cally	Total				2001	2000	2000	1999				
Anguilla	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Antigua & Barbuda	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Argentina	30-Jun	0	0	0	6	0	0	3	0	0	0	0	0	73	60
Bahamas	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Barbados	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Belize	30-Jun	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Bermuda	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Bolivia	30-Jun	0	0	0	122	0	0	3	5	3	2	0	0	27	2
Brazil	30-Jun	1	0	1	36	0	0	129	301	17	27	10	27	235	657
British Virgin Islands	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Canada	30-Jun	24	0	24	206	0	0	3	1	0	0	1	0	1,056	1,839
Cayman Islands	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chile	30-Jun	0	0	0	0	0	0	5	5	0	0	0	0	709	1,453
Colombia	30-Jun	0	0	0	1	0	0	8	14	0	9	0	0	344	276
Costa Rica	30-Jun	0	0	0	0	0	0	1	0	0	0	0	0	32	11
Cuba	30-Jun	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Dominica	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dominican Republic	30-Jun	117	0	117	254	0	3**	...	...	...	...	...	...	...	...
Ecuador	30-Jun	2	0	2	0	0	0	...	...	4	4	1	0	189	273
El Salvador	30-Jun	2	0	2	0	0	0	...	...	...	...	...	...	...	...
French Guiana	30-Jun	0	0	0	0	0	0	...	...	...	...	...	...	...	...
Grenada	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Guadeloupe	30-Jun	0	0	0	0	0	0	...	...	...	...	...	...	...	...
Guatemala	30-Jun	0	0	0	0	0	0	3	9	1	5	0	0	19	82
Guyana	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	100	0
Haiti	30-Jun	144	0	144	992	0	5**	...	...	...	...	...	...	...	...
Honduras	30-Jun	0	0	0	0	0	0	...	...	...	...	...	...	...	...
Jamaica	30-Jun	0	0	0	0	0	0	7	1	1	0	0	0	3	12
Martinique	30-Jun	0	0	0	0	0	0	...	...	...	...	...	...	...	...
Mexico	30-Jun	3	0	3	30	0	0	...	...	...	...	...	...	...	...
Montserrat	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Netherlands Antilles	30-Jun	0	0	0	0	0	0	...	...	...	...	...	...	...	...
Nicaragua	30-Jun	0	0	0	0	0	0	9	5	1	0	0	0	18	6
Panama	30-Jun	0	0	0	0	0	0	1	4	1	0	0	0	0	66
Paraguay	30-Jun	0	0	0	0	0	0	11	9	5	6	0	0	18	11
Peru	30-Jun	0	0	0	1	0	0	129	3001	1	2	0	0	13	63
Puerto Rico	30-Jun	0	0	0	0	0	0	...	...	...	...	...	...	...	...
St Vincent/Grenadines	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Kitts/Nevis	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Lucia	30-Jun	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Suriname	30-Jun	0	0	0	0	0	0	0	2	0	0	0	0	5	0
Trinidad & Tobago	30-Jun	0	0	0	0	0	0	1	2	0	0	0	0	0	0
Turks & Caicos	30-Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	0
United States	30-Jun	65	0	65	85	0	0	12	12	...	...	1	0	2129	2789
Uruguay	30-Jun	0	0	0	...	0	0	1	...	...	...	...	...	6	...
Venezuela	30-Jun	0	8	8	22	0	0	...	...	...	...	...	...	...	...
TOTAL		358	8	366	1,755	0	8**	328	3,372	34	55	13	27	4,976	7,601

... Data not available.

— Clinically confirmed cases are not reported.

* Laboratory and clinically confirmed cases.

** Vaccination driven cases ?????

Costa Rica approves Vaccine Law

Costa Rica has joined the countries of Venezuela, Ecuador and Honduras in winning congressional approval of a Vaccine Law. Efforts in this area remain critical to ensuring the sustainability of national immunization programs. The following is a summary from an article on *La República*, and of the National Vaccine Law (Law Nr. 8111,) approved by Costa Rica's Legislative Assembly June 28, 2001

Law transforms vaccination

The selection, availability and procurement of vaccines will be organized through a National Vaccine Law that was approved by Costa Rica's Legislative Assembly on June 28, 2001. Through this legislation vaccination is made compulsory and free of charge to all the population, especially to those living under the poverty line, children and immigrants.

The legislation calls for the establishment of a National Commission of Vaccination and Epidemiology with the membership of the Minister of Health, the Epidemiological Surveillance unit within the Ministry, representatives of the Departments of Infectious Diseases and Pharmacy of the Social Security Administration (CCSS), and a representative of the National Hospital

for Children. The Commission has oversight functions over policy, financing, technical and operational issues related to the implementation of the country's immunization programs.

The law allows the country to provide for additional vaccines which it previously could not do. According to the congressman that proposed the legislation, the law would clarify the sources of financing for immunization activities. The CCSS will have to earmark 2% of its surplus to a National Vaccine Fund that was established through this legislation. Likewise, the country's Committee of Social Protection of San Jose will have to earmark its proceeds from an annual drawing of the national lottery towards the financing of vaccination activities.

An official vaccination card for the registration, control and vaccine administration was also established, which can be used for the annual school registration of children. Furthermore, April 7, World Health Day, was declared Costa Rica's National Immunization Day and will be used to vaccinate all children under 7 years of age.

For a complete version of the law, please contact the Ministry of Health, or PAHO's Country Office in San José, Costa Rica.

Aprobada el jueves por Asamblea Legislativa

Ley transforma vacunación

Garantiza el suministro a los sectores más pobres de la población

CAROLINA MURILLO
La República

La selección, disponibilidad y adquisición de vacunas en el país será organizada mediante la Ley Nacional de Vacunas, que se aprobó en segundo debate el pasado jueves en la Asamblea Legislativa.

Con la legislación se garantizará el suministro de vacunas para la población cuyas posibilidades son inferiores al índice de pobreza, los niños y los inmigrantes.

La Viceministra de Salud, Xinia Carvajal, manifestó que en adelante el país proveerá vacunas que no podía dar antes porque tenían que ajustarse a determinado presupuesto.

"Actualmente no podemos adquirir algunas vacunas porque tenemos que abocarnos a comprar las que son prioridad", explicó Carvajal.

El diputado proponente del proyecto, Ricardo Sancho, preci-

só que la ley especifica el financiamiento para poder cumplirla.

Por ejemplo, la Caja Costarricense de Seguro Social (CCSS) deberá destinar un 2% de su superávit, calculado hace medio año en 600 millones.

De igual manera, la Junta de Protección Social de San José (JPS) dedicará un sorteo de lotería para el financiamiento de las vacunas, que también se exonerarán de impuestos.

El jefe de la fracción social-cristiana, Eliseo Vargas, comentó que la ley lo que crea son mecanismos para organizar el sistema de vacunación, aunque el actual no tiene problemas, según su criterio.

"No creo que la ley fuera tan necesaria, aunque es bueno afianzar el sistema actual", estimó el legislador, quien también es médico pediatra.

La iniciativa, que se convertirá en ley de la República en cuanto sea publicada en el periódico oficial *La Gaceta*, también establece una comisión nacional de vacunación y epidemiología, que será un órgano adscrito a la CCSS.

Dicho ente será integrado

por representantes del Ministerio de Salud, la Asociación Costarricense de Pediatría y el Hospital Nacional de Niños, entre otras instituciones.

La intención es que el órgano se encargue de estimar las poblaciones meta para ser vacunadas, además de la organización de un banco nacional de vacunas.

"Lo que se pretende es centralizar una estrategia de vacunación", especificó el asesor del diputado Ricardo Sancho, Bernal Arias.

Agregó que para la creación del banco de vacunas la ley otorga un plazo de seis meses después de su entrada en vigencia.

"La ley crea también un día nacional de vacunación, (7 de abril), que las autoridades deben dedicarlo a inmunizar a todos los menores de siete años.

Esa fecha deberá celebrarse al año siguiente de la promulgación de la legislación, según comentó Bernal Arias.

La Viceministra de Salud se manifestó confiada en que se asignen las partidas para garantizar el cumplimiento de la Ley Nacional de Vacunación.

Source: *La República*, June 30th, 2001

The *EPI Newsletter* is published every two months, in Spanish and English by the Division of Vaccines and Immunization (HVP) of the Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization (WHO). Its purpose 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 their possible solutions.

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Editor: Ciro de Quadros
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ISSN 0251-4729



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Pan American Sanitary Bureau
Regional Office of the
World Health Organization

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