EL SALVADOR COMPLETES NATIONAL VACCINATION CAMPAIGN

In El Salvador, the last of three highly successful vaccination days devoted to immunizing children against poliomyelitis, measles, diphtheria, tetanus, and whooping cough took place on 21 April 1985. Some 250,000 or more children were vaccinated, a number comparable to the approximately 220,000 children vaccinated on the first day (3 February 1985) and 270,000 vaccinated on the second (3 March 1985). The three days, marked by a virtually complete cessation of hostilities, resulted from a coordinated Salvadoran effort that was supported by the Pan American Health Organization, the United Nations Children’s Fund (UNICEF), and a number of bilateral agencies.

The need for accelerated measures to deal with the health problems of Central American children was recognized at a Meeting of the Health Ministers and Social Security Directors of the Central American and “Contadora” countries that was held at Medellín, Colombia, in July 1984. In October of that same year, National Vaccination Days were made part of a Plan of Action that was drawn up at a meeting of El Salvador’s Ministry of Public Health and Social Assistance, PAHO, and UNICEF.

The health of Central American and Panamanian children is one of the most serious problems in this subregion. Not only is the problem large—nearly 100,000 children under five die annually—but well-known intervention measures could substantially reduce the toll. It was acknowledged at the Medellín meeting that the seriousness of the problem warranted aggressive public health measures that would produce results by the end of this decade.

Several factors were taken into account to ensure the Salvadoran program’s success. The event was planned as a national activity to reach children in all segments of society and was given
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Heavy advance publicity in the press and on radio and television. A followup strategy called "channeling" was also used extensively. This involved "channeling" people from their homes to the health centers through the active participation of health workers and community leaders who visited each house in a given area once every three months, recorded the vaccination status of pregnant women and young children, and scheduled appointments for those who required vaccinations. Followup visits were made to those who failed to keep their appointments. Continued pursuit of this strategy should help El Salvador's immunization coverage to keep growing in the future.

UNICEF, PAHO, USAID, Rotary International, and the Government of Spain, among others, provided material and technical support for the vaccination effort by supplying vaccines, syringes, administrative and technical personnel training, maintenance crews for the cold chain, printed materials, and technical support for the mass communication activities required.

Rural vaccination posts were located in small villages and refugee camps, and urban vaccination posts were set up in health centers as well as in schools, public buildings, parks, and recreation centers, depending on how many local children were to be vaccinated. Posts were situated so that parents and children would not have to walk more than a few kilometers. The number of vaccination posts in both rural and urban areas was determined by regional committees.

In sum, it seems clear that national vaccination coverage has been raised significantly as a result of this effort, and it is hoped that the channeling strategy, combined with future national vaccination days, will ensure that coverage remains high.


CANCER INCREASES IN DEVELOPED COUNTRIES

A question often asked but generally left unanswered is whether or not cancer is really increasing around the world. The debate has been joined on many fronts. Some have argued that if cancer mortality is indeed higher than in the past, it is largely a consequence of population aging, since cancer is known to be a disease which primarily affects older adults. Others have claimed that therapeutic advances have had a major impact in reducing deaths from cancers at certain sites. And attention has been drawn to the possible impact of epidemiologic research on the causes of cancer. (That is, certain risk factors have been clearly identified for many years, and so it is worth finding out whether this knowledge has been effectively translated into public health action to reduce mortality.)

With mortality data now available from many developed countries for the early 1980s, it is possible to assess the recent trends in cancer mortality over the last two decades or so. Information on cancer mortality covering the period 1960-1980 (or even later in some cases) is available to WHO for 28 developed countries,¹ the notable exceptions being the USSR and the German Democratic Republic. These data cover roughly 75% of the population of this group of countries. A standard demographic technique—

¹The countries are: Australia, Austria, Belgium, Bulgaria, Canada, Czechoslovakia, Denmark, Finland, France, Germany (Federal Republic), Greece, Hungary, Iceland, Ireland, Italy, Japan, the Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Spain, Sweden, Switzerland, Yugoslavia, the United Kingdom (England and Wales, Scotland, and Northern Ireland have been considered separately in this analysis), and the United States of America.