Immunization Newsletter

Pan American Health Organization

Volume XLIII Number 1 | Immunize and Protect Your Family | March 2021

PAHO Launches COVID-19 Vaccination Coverage Dashboard for the Region of the Americas

The Pan American Health Organization (PAHO) has launched a platform that serves as a tool to monitor vaccination coverage and other indicators related to various COVID-19 vaccination activities in the Region of the Americas. The link to the COVID-19 Vaccination Coverage Dashboard for the Americas is https://ais.paho.org/imm/IM_DosisAdmin-Vacuna.

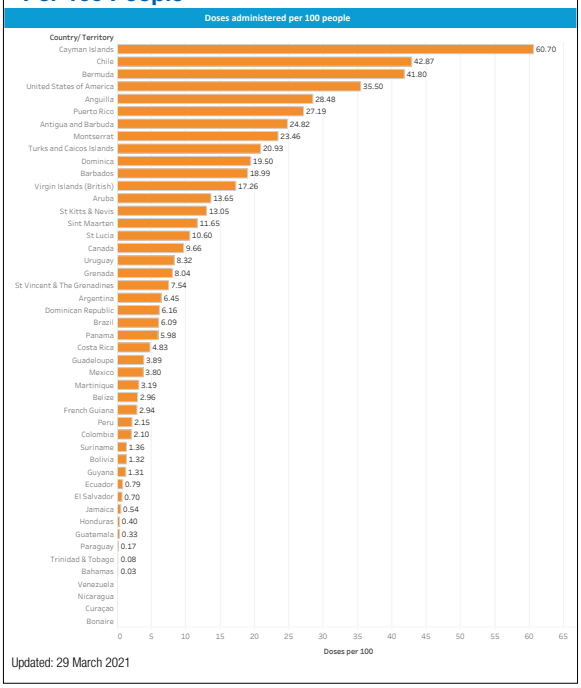
Updated weekly on Fridays, the platform uses a combined approach to data collection, based on data submitted by countries in the Americas on a weekly basis or collected through official websites. In the future, the data will include information reported by countries through the electronic PAHO-WHO/UNICEF Joint Reporting Form (eJRF).

Some of the indicators featured in the dashboard include the following:

- **Total doses administered:** All accumulated vaccine doses that have been administered since the beginning of vaccination in a territory/country/region.
- **First dose:** Number of accumulated first doses given when the schedule includes more than one dose.
- **Second dose:** Number of accumulated second doses administered when the schedule includes more than one dose.
- **Single dose:** Number of accumulated single doses applied when the schedule only requires one dose.
- **Complete schedule administered:** This number represents the number of people who received the last recommended dose of any vaccine or completed their schedule. This includes the second dose if the schedule is a two-dose schedule and the single dose in a single-dose schedule.

PAHO looks forward to tracking COVID-19 vaccination progress in the Americas with this dashboard, as well as continuously providing all who are interested with up-to-date information to this end. PAHO's regional dashboard complements WHO's global COVID-19 vaccination dashboard, which can be found at https://covid19.who.int/. ■

COVID-19 Vaccine Doses Administered Per 100 People



Updated: 29 March 2021

IN THIS EDITION

Dr. Merceline Dahl-Regis, PAHO Public Health Hero of the Americas Awardee, Receives Queen's Honour[1]

Dr. Merceline Dahl-Regis.

Dr. Merceline Dahl-Regis, the first Caribbean female and second Caribbean native to receive the prestigious PAHO Public Health Hero of the Americas Award, was bestowed the Companion of the Most Excellent Order of Saint Michael and Saint George (CMG) for excellence in public and community health by Her Majesty Queen Elizabeth II on 6 January 2021 in Nassau, Bahamas.

A native of The Bahamas, Dr. Dahl-Regis has spearheaded many local and international public health initiatives.

Dahl-Regis has been instrumental in strengthening maternal and child health services in the Region particularly with PAHO's Latin American Center for Perinatology, Women and Reproductive Health. She also established the Comprehensive Adolescent Health Care Center in Nassau during her tenure as Chief Medical Officer.

In 2010, Dr. Dahl-Regis was appointed to lead PAHO's International Expert Committee (IEC) for the verification of measles, rubella, and congenital rubella syndrome elimination. She was an integral part of the regional efforts to make the Americas the first Region in the world to be declared free of measles and rubella. Dr. Dahl-Regis' contribution to the success of the Dual Elimination Initiative, included the prevention of mother-to-child transmission of syphilis and HIV.

Dr. Dahl-Regis currently serves as a special health advisor to the Prime Minister and has played a significant role in the country's response to COVID-19.

[1] This article was originally published on PAHO's website on 6 January 2021: https://www.paho.org/en/news/6-1-2021-dr-merceline-dahl-regis-paho-public-health-hero-americas-awardee-receives-queens

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Immunization Agenda 2030: A Global Strategy to Leave No One Behind

In August 2020, the Seventy-Third World Health Assembly endorsed the **Immunization Agenda 2030: A Global Strategy to Leave No One Behind** (IA2030) in Decision WHA73/(9). IA2030 defines what needs to happen to achieve the vision of a world where **everyone, everywhere, and at every age fully benefits from vaccines for good health and well-being.**

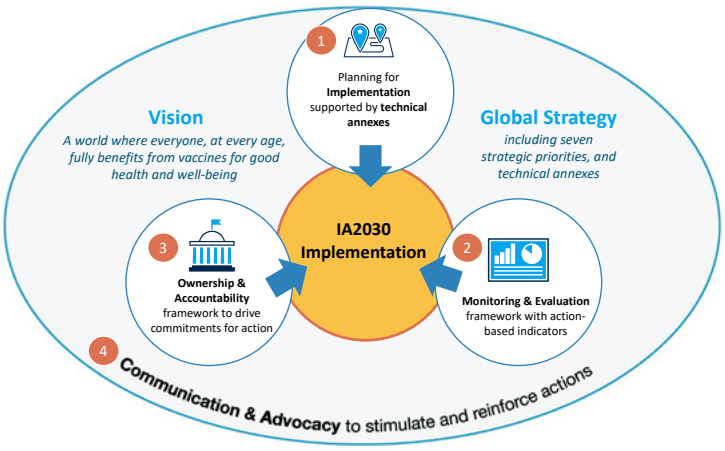
IA2030 is a **global strategy** integrating routine and disease-specific immunization initiatives. It has broad stakeholder ownership and reflects immunization as one of the cornerstones to primary health care. It aligns the contributions and work across countries, development partners, and civil society towards shared priorities, made ever more critical as a pandemic sweeps across borders.

While WHO was asked to lead the development of IA2030, thousands of stakeholders co-created, co-developed and now co-own it. IA2030 has been designed to respond to **each and every country,** regardless of income level or geography and aims to reinforce country ownership for planning and implementing sound vaccine programs.

IA2030 was developed to anticipate pandemics and outbreaks while maintaining a focus on progressive improvement in immunization programs over the decade. The IA2030 Strategy's twelve **technical annexes**[2], one for each of the strategic priorities and core principles, provide guidance informing **COVID-19 responses**.

IA2030 will be implemented through a **Framework for Action**[3] supported by over 50 Member States consulted in December 2020 and interventions by 24 Member States (including statements on behalf of the European Union and Africa Region) at the January 2021 WHO Executive Board. It includes four key elements: regional and national strategies (operational planning), a mechanism to ensure ownership and accountability (O&A), and a monitoring and evaluation (M&E) framework to guide country implementation. A coordinated approach to communication and advocacy aims to create the necessary messaging to stimulate and reinforce the required actions by all stakeholders throughout the decade.

Figure 1: IA2030 Framework for Action with Four Operational Elements to Drive Implementation



Regional partners and countries are progressively tailoring IA2030 strategies, priorities, and indicators to their contexts. Technical advisory groups inform plans spanning introduction of COVID-19 vaccines, recovery of routine services, and operational priorities to achieve regional 2025 and 2030 targets. Regional partners are leveraging digital platforms to build on the technical advice and further co-adapt strategies and priorities with countries.

The ownership and accountability mechanism strengthens the role of existing structures to monitor and act on progress made in implementing IA2030. It includes oversight mechanisms within countries and commitments through regional committees and socio-economic fora. Tools will be introduced to bring greater visibility of contributions of development partners and civil society organizations.

Consistent with the goal of co-ownership across immunization stakeholders, a new governance structure, 'Partnership Council for IA2030', is proposed to be put in place to jump start the IA2030 decade with three key objectives:

1. Develop, coordinate, and advocate for additional technical support in strategic priority areas;
2. Mobilize action to achieve IA2030 targets through global-level agenda setting – to focus on and prioritize identified gaps; and
3. Monitor global partner support against commitments.

The partnership council will be term-limited (3 years), after which a review of its efficacy will determine its future.

The IA2030 **Monitoring & Evaluation (M&E) Framework** has action-based indicators intended to empower implementation of monitoring, evaluation, and action cycles, including effective feedback loops at country, regional, and global levels:

- Indicators for the impact goals are outcome and impact measures and are common across the global, regional, and country levels. Progress made in achieving the impact goals will be evaluated against predetermined targets.
- Strategic priority objective indicators are designed to track performance towards achieving the twenty-one (21) IA2030 strategic priority objectives and to help identify potential root causes of success and failure, so that actions to improve program performance can be recommended and implemented. These indicators are a combination of input, process, output, and outcome measures reflecting the need for performance monitoring at global, regional, and country levels. Global targets are not provided for strategic priority objective indicators, due to wide country and regional variations. Regions and countries are encouraged to assess the baseline for each indicator and to set targets for these indicators that reflect local contexts.

Key partners are collaborating on **Advocacy and Communications** to create awareness, a sense of ownership and support for the IA2030 throughout the decade through messaging to stimulate and reinforce required actions by various stakeholders. A **launch of IA2030 and Call for Action**, is planned in the lead up to World Immunization Week, to be celebrated from 24-30 April 2021. ■

[2] Available on the IA2030 website http://www.immunizationagenda2030.org/
[3] Available on the IA2030 website http://www.immunizationagenda2030.org/

Strategies for Promoting Immunization Equity: A Summary of Case Studies from Guyana, Colombia, and Bolivia

Over the 40 years of the Expanded Program on Immunization (EPI) in the Americas, countries and territories in Latin America and the Caribbean (LAC) have made extraordinary progress in providing their populations with an umbrella of protection against vaccine-preventable diseases (VPDs) and promoting a culture of immunization where vaccines are viewed as a public good and a right of each citizen. Despite these achievements, reported high national vaccination coverage often hides the reality of subnational inequalities, such as the existence of pockets of vulnerable groups living in low coverage municipalities or underserved areas. During the period from 2011 to 2019, it was shown that since 2013, LAC regional coverage for the third dose of the diphtheria, tetanus, pertussis vaccine (DTP3) remained around 90%, though it has declined since 2018. During this same time, it was also observed that approximately 50% of the Region's municipalities did not achieve more than 95% coverage; this hidden disparity increased to 66% in 2019.

Mabaruma Regional Hospital in Guyana. Photo credit: PAHO.

Multi-faceted efforts to strengthen routine national immunization programs by achieving high and homogeneous vaccination coverage at all levels of a health system are critical to complete the unfinished immunization agenda in VPD prevention and control in LAC, as well as to protect against the re-establishment of VPDs already eliminated or under control. Such efforts are also essential as a means of achieving equity in health. This area of work is clearly outlined as the third strategic objective of the Global Vaccine Action Plan (GVAP): "The benefits of immunization are equitably extended to all people," which states that "progress towards greater equity can be evaluated by monitoring the percentage of districts with less than 80% coverage with the DTP3 vaccine and coverage gaps between lowest and highest wealth quintile (or another appropriate equity indicator)." In 2020, the World Health Organization (WHO) set the Immunization Agenda 2030: A Global Strategy to Leave No One Behind (IA2030), which includes strategic priority goals specific to coverage and equity, including to reach high equitable immunization coverage at the national level and in all districts, and to increase the coverage of vaccines among the most disadvantaged populations. The challenge set forth by the GVAP, IA2030, and PAHO's Regional Immunization Action Plan (RIAP) is that the benefits of immunization should reach everyone in an equitable manner, without distinction based on socioeconomic status, religion, age, gender, etc. This challenge requires that countries have reliable and timely information available to develop focused strategies, and to base analyses and priorities that inform strong evidence-based decisions.

The qualitative case studies discussed in this article applied a descriptive approach to documenting innovative strategies to promoting immunization equity among underserved and under-vaccinated populations in LAC, specifically Colombia, Guyana, and Bolivia. Case study methodology was used to identify and document national and subnational experiences with implementing effective vaccination strategies that increase equitable immunization access and uptake in the Americas Region. Data collection took place between September 2019 and March 2020 and included documentary reviews, in-depth and semi-structured interviews, focus group discussions, and site visit observations accompanied by informal interviews with relevant stakeholders. This research was made possible thanks to funding provided by Gavi, the Vaccine Alliance.

This article presents in summary the experiences of Guyana, Colombia, and Bolivia in promoting immunization equity through multi-level coordination and strategic inter-sectorial, civil society, and community partnerships. While there is not enough space in this article to present all the background, strategic actions, and analysis of each country's approach, this summary does provide a glimpse of the foci of each case study, as well as highlighting challenges encountered and lessons learned. Findings provide evidence-based insight to support the planning, development, and implementation of equity-focused immunization policies and practices.

Health center in Guyana. Photo credit: PAHO.

Guyana

In response to concurrent measles, diphtheria, and yellow fever outbreaks in the Americas Region alongside increasing migratory movement, PAHO declared an emergency situation in Guyana (as well as Brazil, Colombia, and Venezuela) on 22 March 2018, offering guidance and technical support in assessing country situations and developing emergency response plans. Guyana's Ministry of Health acted immediately, targeting border areas for pro-equity, emergency action. The case study research conducted in Guyana focused on two main aspects of this process: 1) Inter-sectorial collaboration for improved data access and accuracy; the establishment of vaccination status verification and referral protocols at border points of entry; and consolidation of limited resources during outreach to remote, hard-to-reach communities and areas; and 2) Community partnerships for informal data sharing regarding unofficial points of entry and lay disease surveillance observations; community access and acceptance of outreach, as well as language barriers between health care workers and at-risk migrant and Amerindian populations.

Guyana faced several challenges during the emergency because of its unique geographic location and landscape. Access and outreach to remote and rural communities were complicated due to time-consuming travel, difficult-to-navigate terrain, and weather-related complications. These challenges had an impact on cold chain maintenance, strained limited transportation resources, and increased competing demands on health care workers. The EPI was able to mediate some of the impacts of these barriers by aligning emergency response planning with routine EPI activities, which allowed for more efficient use of limited resources. In addition, coordinating outreach with a holistic plan that included services beyond immunizations allowed for the pooling of time and staff. Limited

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data availability on border communities and migrant populations complicated patient-tracking and forecasting of supplies in Guyana which threatened the accuracy of data being reported in the country. To overcome this issue, the EPI embraced collaboration and data sharing between immigration officials at points of entry, as well as information sharing and unofficial census data with local community leaders.

Child health clinic records in Guyana. Photo credit: PAHO.

Colombia

Implementing strategies to monitor immunization inequalities is crucial to more effectively inform strategic planning and programmatic decision-making aimed at improving immunization equity. The research in Colombia documented the dissemination of alternative approaches to monitoring social inequalities in immunization developed by PAHO, in line with global guidelines, and Colombia's experience adopting these tools at both the national and subnational levels. Specific study foci included: 1) PAHO, Ministry of Health, and subnational coordination for capacity building in the identification, measurement, and monitoring of social inequalities in immunization; and 2) Local-level EPI engagement with local leaders and stakeholders of underserved populations and communities to improve immunization outreach, sensitization, and use.

Colombia experienced a few key challenges that are documented in the case study report, which included ensuring adequate and appropriate human resource capacity at the local level to conduct inequality monitoring and act on findings of the sociodemographic inequality analysis related to immunization equity. Additionally, garnering sufficient political support and funding for inequality monitoring and targeted immunization activities were barriers that the country was able to confront by implementing pro-equity regulatory and institutional frameworks that support public health decision-making and the monitoring and reduction of inequalities.

Workshop in Colombia. Photo credit: PAHO.

Bolivia

In Bolivia, public participation in the decision-making, management, and monitoring of the public health system is enshrined in the national constitution. The Family, Community, and Intercultural Health Model (*Salud Familiar Comunitaria Intercultural* [SAFCI in Spanish]) provides a guiding framework for such involvement through the establishment of the SAFCI social structure and participatory spaces of deliberation to assess public health priorities, policy compliance, and quality of care. The research conducted in Sucre, Bolivia had two main foci; 1) Inter-sectorial collaboration with the education sector, for data sharing to improve supply forecasting and verify data quality, as well as immunization promotion in the community and among education personnel, and implementation of school-based vaccination campaigns; and 2) Community and civil society partnerships, with school boards and neighborhood councils to educate and empower trusted leaders who could then engage in community-based immunization promotion and peer-to-peer information sharing within their realms of influence. This case study offers evidence-based insights that can help optimize the development and operation of such strategic alliances and their impact on immunization equity.

Key challenges encountered by Bolivia are documented in the case study; here, we highlight two that the EPI was able to overcome using strategic responses. First, ensuring adequate and appropriate provision of immunization information, particularly for lay audiences and civil society, and empowering the community with information. Second, there were data quality challenges to implementing school-based vaccination, mainly tied to denominator accuracy due to census data being collected every ten years, as well as internal migration. The EPI in Sucre, Bolivia was able to overcome these hurdles and verify their target population by working with the education sector and triangulating health data with education census data.

Lessons Learned

A key lesson learned from all three case studies involved the importance of inter-sectorial and/or inter-institutional approaches for the reduction of inequalities, and that promoting immunization equity is not isolated to the health-sector. Inter-sectorial and community collaboration can enhance pro-equity emergency response through improved data availability, expanded immunization promotion and referral, and local support in the coordination of immunization outreach. Additionally, for regular immunization program activities, internal organization, cooperative coordination, and inclusivity are key to effectively promoting immunization equity through inter-sectorial collaboration, civil society participation, and community engagement. Successful widespread immunization promotion is tied to empowering and educating trusted community leaders to expand the reach of the EPI program and more deeply connect with local communities.

In an emergency setting such as Guyana, multi-level, inter-sectorial data sharing of rapid assessment findings, disease surveillance data, and other emergency response reports are useful for motivating active response and encouraging participation at all levels. Using data to drive EPI response during an emergency is crucial for targeting high priority, at-risk populations, identifying vulnerabilities, and mobilizing community partnerships, especially if financial and human resources are limited. Finally, the integration of emergency response with existing immunization programming was an excellent strategy that leveraged and strengthened existing data flows, distribution networks, and community outreach.

All three case studies highlighted the importance of establishing equity as a priority for health policies by decision-makers at all levels. Even in the absence of a national regulatory framework, health equity sensitization and promotion among policy-makers and funders can be a valuable step for increasing political will. Additionally, ensuring the flow of technical cooperation within and beyond a country's borders is a key lesson in aligning priorities. Focusing on capacity building and data sharing between the regional, national, and subnational levels is crucial for planning and monitoring equity-focused strategies. Promoting the adoption of evidence-based decision-making by the EPI at the subnational level is important to building a culture of data use but is dependent on the consid-

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eration of team needs and capacity for the adoption of immunization equity monitoring.

Finally, this research highlights that strategic alliances are relational, dynamic, and on-going, requiring maintenance over time, including mutual respect and routine engagement. Without on-going monitoring and open communication, the partnerships built by immunization programs may become less effective at achieving their mutual goals over time. Documented strategies, interventions, and analyses used by countries will build the available evidence base and contribute to the development of more effective approaches to tackling vaccination inequities.

Each of these studies has specific challenges, strategic responses, and lessons learned beyond what can be shared in this article. If you are interested in learning more about these studies, summaries will soon be published on PAHO's Comprehensive Family Immunization webpage. PAHO plans to disseminate the materials produced through this research so that countries can gain an in-depth understanding of the resources utilized, facilitating factors, and contextual barriers that immunization programs have encountered while working towards reducing inequities. National experiences in this field are growing in demand, as many countries and organizations are ramping up work to understand and address inequities in vaccination coverage, exacerbated by the COVID-19 pandemic. With this work, PAHO has an opportunity to share achievements and lessons learned while supporting countries within the Americas Region and beyond. ■

Contributed by: Robin Mowson and Isabella Chan.

PAHO/WHO COVID-19 Vaccination Resources

The Pan American Health Organization (PAHO) and the World Health Organization (WHO) have published many resources on COVID-19 vaccination at both the regional and global level. Here is a list of those resources based on subject categories. To access them directly online or to see future resources, please visit https://www.paho.org/en/covid-19-vaccines and https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines. ■

National Deployment and Vaccination Plan

- Orientation for National Deployment and Vaccination Planning for COVID-19 Vaccines
- Guidance on Developing a National Deployment and Vaccination Plan for COVID-19 Vaccines
- COVID-19 Vaccine Country Readiness Assessment Tool (VIRAT)
- Guidelines to Plan for COVID-19 Vaccine Introduction, July 2020

Microplanning and Population Prioritization

- Introducing COVID-19 Vaccination: Guidance for Determining Priority Groups and Microplanning, January 2021

Supply and Logistics

- COVID-19 Vaccination: Supply and Logistics Guidance – Interim Guidance, February 2021

Vaccine Safety

- Guidance for Implementing the Regional COVID-19 Vaccine AEFI/AESI Surveillance System
- Crisis Communication Related to Vaccine Safety: Technical Guidance
- Communicating about Vaccine Safety: Guidelines to Help Health Workers Communicate with Parents, Caregivers, and Patients

Data and Monitoring

- COVID-19 Vaccination Coverage in the Americas
- Monitoring COVID-19 Vaccination: Considerations for the Collection and Use of Vaccination Data – Interim Guidance

Evaluation of COVID-19 Vaccine Introduction

- Evaluation of COVID-19 Vaccine Effectiveness – Interim Guidance
- Sample Size Calculator for Evaluation of COVID-19 Vaccine Effectiveness

Training

- List of COVID-19 Vaccine Training
- COVID-19 Vaccine Introduction Toolkit
- COVID-19 Vaccine Checklist
- COVID-19 Vaccination Training for Health Workers
- Health Worker Communication for COVID-19 Vaccination Flow Diagram
- Orientation for National Deployment and Vaccination Planning for COVID-19 Vaccines

Risk Communication, Community Engagement, and Demand

- Guide for the Preparation of a Risk Communication Strategy for COVID-19 Vaccines: A Resource for the Countries of the Americas
- Community Needs, Perceptions, and Demand: Community Assessment Tool
- Conducting Community Engagement for COVID-19 Vaccines – Interim Guidance
- Data for Action: Achieving High Uptake of COVID-19 Vaccines – Interim Guidance
- COVID-19 Infodemic Management: Risk Communication and Community Engagement Challenges
- Acceptance and Demand for COVID-19 Vaccines – Interim Guidance
- Acceptance and Demand for COVID-19 Vaccines: Communications Plan Template
- Crisis Communication Related to Vaccine Safety: Technical Guidance
- Communicating about Vaccine Safety: Guidelines to Help Health Workers Communicate with Parents, Caregivers, and Patients
- Health Worker Communication for COVID-19 Vaccination Flow Diagram

Vaccine-specific Resources

- Draft Landscape and Tracker of COVID-19 Candidate Vaccines
- Janssen Ad26.COV2.S COVID-19 Vaccine – Interim Guidance
- AstraZeneca and Oxford University Vaccine – Interim Guidance
- Moderna mRNA-1273 Vaccine – Interim Guidance
- Pfizer-BioNTech COVID-19 Vaccine – Interim Guidance
- COVID-19 Vaccine-specific Resources

Frequenty Asked Questions

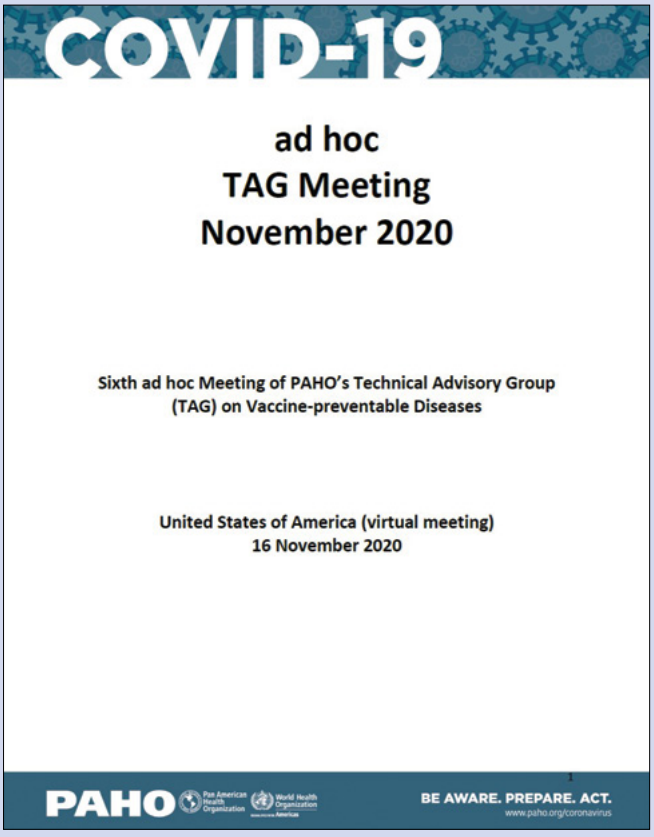
- Frequently Asked Questions (FAQs) about COVID-19 Candidate Vaccines and Access Mechanisms
- Frequently Asked Questions: COVID-19 Vaccines
- Addressing COVID-19 Vaccine Myths: Material for General Public and Healthcare Workers
- 10 Things Healthcare Workers Need to Know about COVID-19 Vaccines

Meeting of PAHO's Technical Advisory Group on Vaccine-preventable Diseases

PAHO's Technical Advisory Group (TAG) on Vaccine-preventable Diseases met on 16 November 2020 to follow-up on the last ad-hoc virtual meeting held three months prior on the COVID-19 pandemic.[4] The specific objectives of the meeting were to provide an epidemiological update on COVID-19 and its impact on national immunization programs (NIPs) in the Americas; review recommendations from WHO's Strategic Advisory Group of Experts (SAGE) on immunization regarding the value framework and roadmap for prioritizing the use of COVID-19 vaccines in the context of limited supply; update participants on the progress made through planning components for the introduction of COVID-19 vaccines; and discuss key priority activities to support countries in the Region. ■

The following recommendations were issued during this meeting:

- TAG notes the ongoing pandemic and the significant toll that it is taking and emphasizes the importance of non-pharmaceutical measures in reducing the transmission of COVID-19.
- TAG notes the critical importance of more effectively communicating how the force of infection that comes with surges or increased waves of infections results in increased case severity and mortality.
- TAG appreciates the work of both PAHO's team and national teams and encourages the continuation of efforts to improve vaccination coverage and increase the demand for vaccines, as well as efforts to improve the surveillance of communicable diseases relevant to vaccination.
- TAG notes the analysis on estimating the populations most at risk due to underlying conditions and sees the value of these estimates for COVID-19 response, as well as for allocation of the vaccine. It would be useful to explore which of the underlying conditions are most predictive of poor health outcomes, so that the prioritization and allocation of vaccines can be refined, where possible.
- TAG supports the adoption of the WHO SAGE Values Framework for the allocation and prioritization of COVID-19 vaccination and the Roadmap for Prioritizing Population Groups for Vaccines against COVID-19 and urges their use to guide country planning and decision-making.
- TAG encourages countries and stresses the need for them to begin their planning using the values framework and prioritization roadmap, and to involve the NITAGs and all stakeholders in a transparent process to plan for the administration of COVID-19 vaccines. It is important to engage all stakeholders and the public in a dialogue to build confidence in COVID-19 vaccines and those protecting against other diseases.
- TAG supports vaccinating health workers, the elderly, and adults with comorbidities as a priority to reduce morbidity and mortality due to SARS-CoV-2 infection.
- TAG stresses the importance of careful micro-planning, considering the specific characteristics of the COVID-19 vaccines that are available for use, with special attention to all aspects of the cold chain, logistics, and information systems (electronic or paper), including the provision of a vaccination registry to vaccinated persons.
- TAG notes the need to strengthen national capacities for ESAVI surveillance in relation to COVID-19 and other vaccines and supports the establishment of a regional ESAVI surveillance system.
- TAG recommends preparing special studies to monitor cohorts of vaccinated persons to determine the safety and duration of protection from COVID-19 vaccines. TAG also supports the establishment of a regional committee for COVID-19 vaccine safety.
- TAG emphasizes the critical role of communication, including social media and the identification and use of both national influencers and personalities, as well as regional champions and ambassadors, in promoting COVID-19 immunization once vaccines are available.
- TAG notes that the VIRAT tool is useful to monitor country preparedness and preparation of national vaccination plans, and TAG strongly supports the integration of the VIRAT tool and the World Bank's Vaccine Readiness Framework (VRAF) tool into one tool for monitoring country readiness and facilitating the preparation of national vaccine plans.
- TAG appreciates the critical role of PAHO's Revolving Fund and the COVAX Facility and supports the lowest price most favored customer clauses in the agreements. TAG is in support of the measures and efforts to ensure global equitable allocation of the vaccines at fair pricing.
- TAG notes that it is important for PAHO to track and monitor the characteristics of vaccines as they become available and work diligently towards obtaining the best solutions for countries.
- TAG stresses the importance of having sufficient human resources in place and training sufficient personnel to prepare for the introduction of COVID-19 vaccines, as well as to ensure that routine vaccination programs continue to be provided.
- TAG urges PAHO to continue monitoring the progress countries are making on their vaccine introduction plans.
- TAG recommends that PAHO monitor the efficacy and safety data on ongoing COVID-19 vaccine candidates that are in clinical trials to make specific regional recommendations regarding strategies and vaccination policy.
- Considering the possibility that both the influenza and COVID-19 vaccines have similar at-risk and target populations, TAG recommends countries use their established influenza immunization infrastructure to prepare for the introduction of COVID-19 vaccines.



TAG Meeting, November 2020, Final Report.

[4] For a complete report on this meeting, please visit https://iris.paho.org/handle/10665.2/53182

Final Classification of Cases in the Region of the Americas, 2020

Country	Total Suspected Cases Reported	Confirmed Measles Cases			Confirmed Rubella Cases			Congenital Rubella Syndrome Cases (CRS)		Reported Mumps Cases	Reported Pertussis Cases
	2020	2020						2020		2019	2019
	Measles/Rubella	Clinical	Laboratory	Total	Clinical	Laboratory	Total	Suspected	Confirmed		
Anguilla	0	0	0	0	0	0	0	0	0	0	0
Antigua & Barbuda	0	0	0	0	0	0	0	0	0	0	0
Argentina	326	0	61	61	0	0	0	0	0	9,278	075
Aruba	0	0	0	0	0	0	0	0	0	1	0
Bahamas	0	0	0	0	0	0	0	0	0	0	0
Barbados	12	0	0	0	0	0	0	0	0	0	4
Belize	2	0	0	0	0	0	0	0	0	13	0
Bermuda	0	0	0	0	0	0	0	0	0	2	2
BES*	—	—	—	—	—	—	—	—	—	—	—
Bolivia	127	0	2	2	0	0	0	0	0	13	29
Brazil	17,406	2,824	5,624	8,448	0	0	0	36	0	—	1,423
Canada	—	—	1	1	—	0	0	0	0	183	2,514
Cayman Islands	0	0	0	0	0	0	0	0	0	—	—
Chile	49	0	2	2	0	0	0	0	0	4,829	350
Colombia	653	0	1	1	0	0	0	331	0	15,125	347
Costa Rica	103	0	0	0	0	0	0	128	0	7	51
Cuba	1,540	0	0	0	0	0	0	0	0	0	0
Curaçao	0	0	0	0	0	0	0	0	0	2	1
Dominica	0	0	0	0	0	0	0	0	0	0	0
Dominican Republic	47	0	0	0	0	0	0	0	0	1,848	123
Ecuador	136	0	0	0	0	0	0	0	0	2,701	57
El Salvador	191	0	0	0	0	0	0	181	0	2,264	3
French Guiana	0	0	0	0	—	—	—	—	—	—	—
Grenada	5	0	0	0	0	0	0	0	0	0	0
Guadaloupe	0	0	0	0	—	—	—	—	—	—	—
Guatemala	72	0	0	0	0	0	0	1	0	119	60
Guyana	7	0	0	0	0	0	0	12	0	0	0
Haiti	142	0	0	0	0	0	0	49	0	—	0
Honduras	118	0	0	0	0	0	0	10	0	10,083	78
Jamaica	29	0	0	0	0	0	0	0	0	0	0
Martinique	0	0	0	0	—	—	—	—	—	—	—
Mexico	2,504	0	196	196	0	0	0	0	0	8,009	874
Montserrat	0	0	0	0	0	0	0	0	0	0	0
Nicaragua	125	0	0	0	0	0	0	23	0	6	8
Panama	28	0	0	0	0	0	0	0	0	185	108
Paraguay	573	0	0	0	0	0	0	6	0	699	26
Peru	76	0	0	0	0	0	0	0	0	3,969	414
Puerto Rico	—	—	—	—	—	—	—	—	—	—	—
Sint Maarten (Dutch part)	0	0	0	0	0	0	0	0	0	—	—
St. Kitts & Nevis	0	0	0	0	0	0	0	0	0	0	0
St. Lucia	0	0	0	0	0	0	0	0	0	0	0
St. Vincent & the Grenadines	0	0	0	0	0	0	0	0	0	0	0
Suriname	0	0	0	0	0	0	0	0	0	0	1
Trinidad & Tobago	0	0	0	0	0	0	0	0	0	0	0
Turks & Caicos	0	0	0	0	0	0	0	0	0	0	0
United States	—	—	13	13	—	1	1	—	—	3,780	18,617
Uruguay	11	0	2	2	0	0	0	0	0	835	69
Venezuela	911	0	0	0	0	0	0	0	0	125	217
Virgin Islands (UK)	0	0	0	0	0	0	0	0	0	0	0
	25,193	**2,824**	**5,902**	**8,726**	**0**	**1**	**1**	**777**	**0**	**64,076**	**26,351**

—No information provided
Source: ISIS, MESS systems and country reports
*Bonaire, St. Eustatius and Saba
Updated: 19 March 2021.
Source: USA mumps and pertussis data, National Notifiable Diseases Surveillance System (NNDSS)
Source: mumps - https://wonder.cdc.gov/nndss/static/2020/53/2020-53-table1y.html
Source: pertussis - https://wonder.cdc.gov/nndss/static/2020/53/2020-53-table1z.html

The Immunization Newsletter is published four times a year, in English, Spanish, French and Portugese by the Comprehensive Family Immunization Unit 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 and beyond.

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ISSN 1814-6244
Volume XLIII Number 1 • March 2021

Recommended Article:
Immunization Newsletter: Keeping the Trust: Fighting Vaccine Misinformation [Internet].
Washington, D.C.: Pan American Health Organization.
Volume XLII Number 4, December 2020.
Available at:
https://iris.paho.org/handle/10665.2/53230.

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DAHL-REGIS cont. from page 1

Dr. Merceline Dahl-Regis Named PAHO Public Health Hero of the Americas[5]

Dr. Merceline Dahl-Regis, a Bahamian public health pioneer known for her work in advancing and verifying regional disease elimination efforts, was named a Public Health Hero of the Americas by the Pan American Health Organization/World Health Organization (PAHO/WHO).

"Dr. Dahl-Regis' list of accomplishments is long. But in addition to their number, there is something quite special about them, in that the most important ones in the areas of immunization and the elimination of mother-to-child transmission of HIV and congenital syphilis are also regional achievements. They are historical milestones for public health in the Americas," said Dr. Carissa F. Etienne, Director of PAHO, during the Award ceremony. "She has carried on that Bahamian tradition of providing leadership for the pursuit of ambitious collective health goals. She has done so within the CARICOM sub-region, in the Americas as a whole, and most recently at the global level."

Dr. Dahl-Regis was one of the first women to graduate in medicine in the Bahamas during the 1960s. Early in her career, she recognized the vital role of primary health care and universal access to clean water, sanitation, good nutrition and vaccines, and dedicated her work to ensuring the health and well-being of people throughout the Americas and beyond.

"She is just the second Caribbean national and the first Caribbean women to receive this prestigious award," added Dr. Etienne. "The title of Public Health Hero of the Americas is not one that is bestowed lightly, but I know that those of us who have worked with, studied under, been cared for or mentored by her, will agree that she merits a place among this distinguished group of public health servants."

"This recognition of the work I have done in public health does not belong to me alone. I could not have done it without the contributions of so many, particularly of the health care workers in the field, the staff at all levels, my family, my friends, and lots of faith and prayers," said Dr. Dahl-Regis. "I am really grateful for being recognized."

Dr. Dahl-Regis spearheaded a variety of ground-breaking health initiatives in the Region. She was a strong advocate for maternal and child health services, working tirelessly with PAHO's Latin American Center for Perinatology, Women and Reproductive Health, to ensure improvements in these areas. As Chief Medical Officer in the Bahamas, Dahl-Regis also established the Comprehensive Adolescent Health Care Center in Nassau, which provides a holistic approach to health and development.

Thanks, in great part, to Dr. Dahl-Regis' outstanding leadership, tireless commitment, and holistic understanding of specific country needs and realities, the Americas became the first Region in the world to be declared free of measles and rubella during her tenure.

Dr. Dahl-Regis has received numerous honors during her career, including the PAHO Award for Administration, which recognized her outstanding contribution to healthcare management and research, and to medical education in primary healthcare.

The PAHO Public Health Heroes initiative recognizes individuals for their invaluable contributions to public health in the Americas. Previous heroes include, among others, Dr. Mirna Cunningham of Nicaragua, who worked as an advocate for human rights, the collective rights of indigenous peoples, and women's health; and Dr. Maria Isabel Rodriguez of El Salvador, who was the country's first female Minister of Health, leading the transformation of the national health sector toward a universal, equitable and high-quality system based on human rights. ■

Supplemental Material

- Video of Dr. Merceline Dahl-Regis, Public Health Hero
- PAHO Public Health Heroes

[5] This article was originally published on PAHO's website: https://www.paho.org/en/public-health-heroes/dr-merceline-dahl-regis