

Immunization Newsletter

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Immunize and Protect Your Family

February 2014



Superheroes Help Promote Vaccination Campaign in Bogotá, Colombia

The Expanded Program on Immunization (EPI) Team in charge of the health facilities in Ciudad Bolívar, a peri-urban locality in Bogotá, Colombia, implemented an innovative and appealing communication strategy to aggressively promote National Immunization Day, held on January 24, 2014.

To this end, vaccinators decided to dress up as superheroes and visit each health facility and mobile post, grabbing attention from both parents and children. This inspired effort served to invigorate public support for National Immunization Day and the vaccination program as a whole.



Vaccinators from the Hospital Vista Hermosa in Ciudad Bolívar pose with the Superheroes (left to right): Superwoman, Spiderman, Incredible Hulk, Green Lantern, Superman, and Batman.

The vaccinators were on a motorcycle and spent 15-20 minutes in each health facility. They were followed by a vehicle caravan that raised health awareness and reinforced the message behind National Immunization Day. Ciudad Bolívar's vaccinators paired a previous awareness campaign with a similar attention-grabbing strategy; they played Michael Jackson's "Thriller" in popular areas.

The cornerstone in this communication strategy was using popular cartoon characters to appeal to children. The delivery of bold communication messages through creative channels has the potential to affect behavior change among the target population of immunization activities, therefore, the innovative awareness efforts utilized by Ciudad Bolívar's EPI team likely impacted their young audience to get vaccinated. ■

Integrated Monitoring Toolbox is Validated in Nicaragua

Between 28 October and 1 November 2013, representatives from Nicaragua's Ministry of Health, PAHO and WHO conducted an initial field testing exercise in Nicaragua to further the development of PAHO's toolbox for the integrated monitoring of vaccination coverage, preventive chemotherapy for soil-transmitted helminthiasis, vitamin A supplementation and other public health interventions among children less than 15 years of age. The validation of the Integrated Monitoring Toolbox in Nicaragua included a participatory review of the document being developed jointly by PAHO's Immunization and Tropical, Neglected and Vector-Borne Disease Units. The review was done by conducting participatory discussions; practicing the analyses proposed using real data; field testing of integrated tools for rapid coverage monitoring of vaccines, preventive chemotherapy, and vitamin A supplementation in communities and in schools; and testing the Data Quality Assessment (DQA) for a neglected tropical disease (NTD) tool being developed by WHO. For the latter, the indicators included distributed mebendazole tablets, preventive chemotherapy in two age groups, one vaccine and vitamin A supplementation.

These interventions are provided during the health campaigns that take place in Nicaragua every year¹. The results of the field testing were very favorable. Participants reported that the Integrated Monitoring Toolbox "systematizes common sense," as it draws from and organizes various tools and experiences from countries in the Region. The

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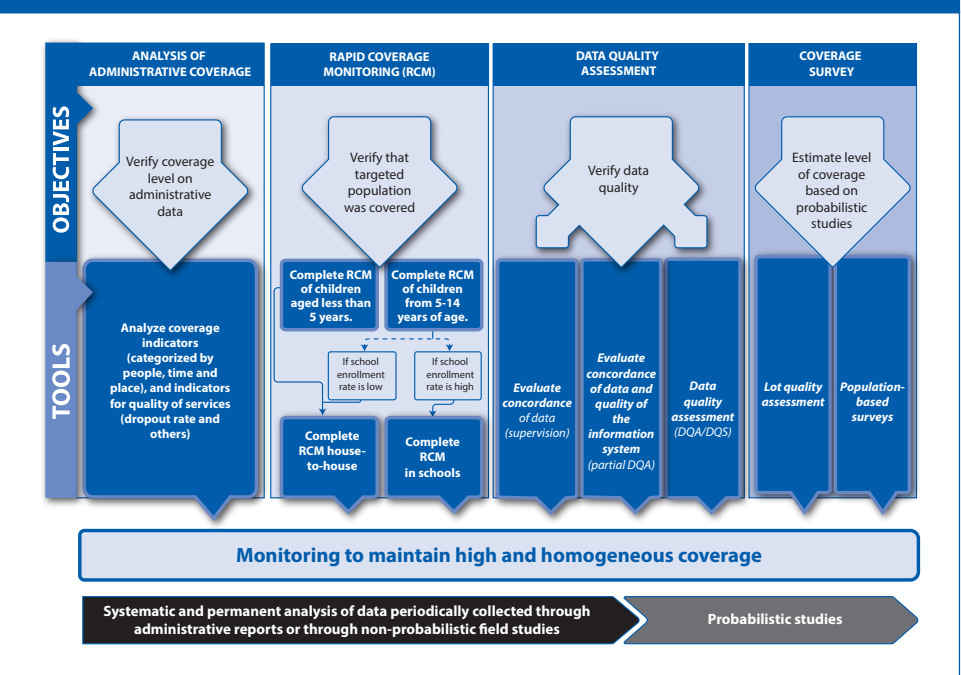
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step-by-step approach was considered practical and easy to follow.

PAHO is improving its Toolbox following the validation experience in Nicaragua. Required improvements include developing Excel tools to automate the generation of graphs and tables; providing clear guidance to countries on which analyses should be done, according to level (national, sub-national and local); and making the tool flexible to the scope of the analyses and their frequency. The next steps include finalizing the Toolbox in Spanish and developing a thorough implementation strategy to facilitate its adoption by countries, as part of their routine monitoring and evaluations of public health interventions targeting children less than 15 years of age. ■

¹ "Nicaragua: National Vaccination Campaigns and Community Participation Immunization." Immunization Newsletter. August 2008; Vol. XXX; No. 4; (p.4-6). Available at www.paho.org/immunization/newsletter

METHODS TO MONITOR COVERAGE OF INTEGRATED INTERVENTIONS IN CHILDREN UNDER 15



The Global Polio Situation in 2013

In 2013, 416 cases of polio caused by wild poliovirus were confirmed worldwide. This represents an approximate 87% increase in the number of confirmed cases compared to 223 cases reported in 2012. These cases occurred in 8 countries; polio remains endemic in three of them: Afghanistan, Nigeria and Pakistan. However, 62% of the confirmed cases in 2013 occurred in non-endemic countries.

The increase in the number of cases of polio in 2013 resulted primarily from the poliovirus spread from Nigeria to other African countries (Somalia, Ethiopia and Kenya) and from Pakistan to Syria. The country with the highest number of cases was Somalia (194), followed

by Pakistan (93) and Nigeria (53). Somalia had been free of polio since 2007. Together, these three countries accounted for 82% of the confirmed polio cases.

Israel, a country that since 2005 only used the inactivated polio vaccine (IPV) in its regular immunization program, detected wild poliovirus type 1 in samples collected through environmental surveillance in February 2013. To interrupt wild poliovirus circulation, Israel conducted a national vaccination campaign between August and October 2013, administering the bivalent oral polio vaccine or bOPV (types 1 and 3). In addition to the vaccination campaign, Israel introduced two doses

of bOPV in the vaccination schedule, at 6 and 18 months, in addition to the doses of DTaP-IPV-Hib at 2, 4, 6 and 12 months of age. There were also positive results for wild poliovirus type 1 following several environmental samples that were taken in the Gaza Strip and the West Bank. As a response, vaccination campaigns were conducted between December 2013 and January 2014.

Along with these setbacks, there were important developments. For the first time in the history of eradication, all polio cases were caused by the type 1 virus. The last case of disease caused by wild poliovirus type 3 had onset of paralysis in November 2012. Also,

TABLE 1: 2013 AFP/POLIO CASES BY WHO REGION

Region	AFP cases reported	Non-polio AFP rate	AFP cases with adequate specimens (%)	Total confirmed polio cases	Wild-virus confirmed polio cases
AFR	20,266	5.3	91	93	80*
AMR	1,940	1.1	74	0	0
EMR	11,533	5.2	90	386	336*
EUR	1,608	1.4	88	0	0
SEAR	59,580	11.0	87	0	0
WPR	6,842	2.0	91	0	0

*The difference between total confirmed polio cases and wild virus confirmed polio cases is due to circulating vaccine-derived poliovirus.

Data as of 16th May 2014

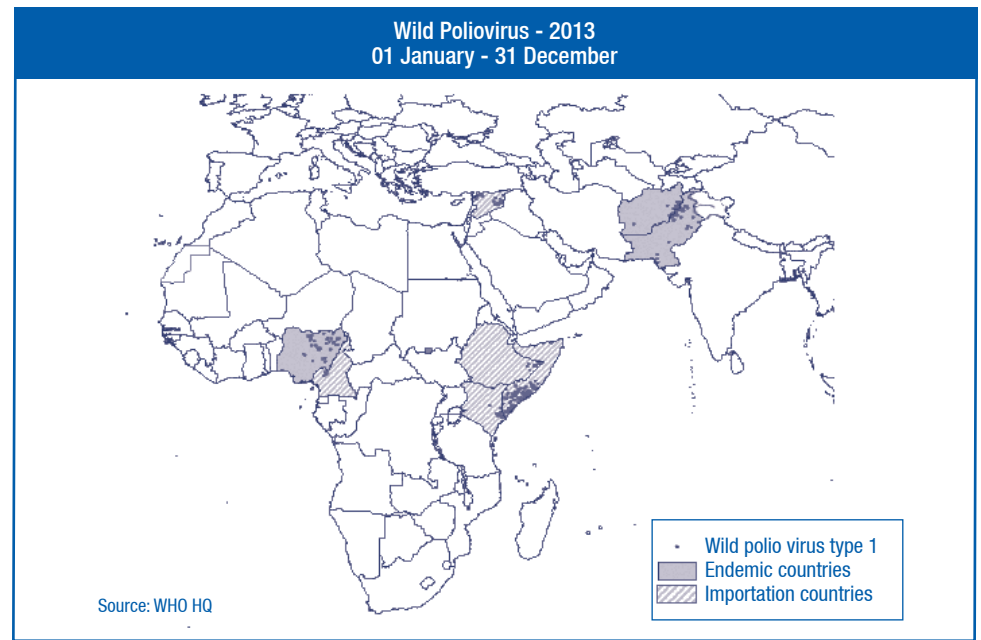
AFR – Region of Africa; AMR – Region of the Americas; EMR – Region of the Eastern Mediterranean; EUR – Region of Europe; SEAR – Region of South-East Asia; WPR – Region of the Western Pacific.

POLIO continued from page 2

there was a decrease in the number of polio cases caused by wild poliovirus, by 57% and 62% in Nigeria and Afghanistan, respectively. In addition, there was a 10% decrease in the number of cases caused by the circulating vaccine-derived poliovirus type 2 (cVDPV2). Of the 62 cVDPV viruses detected, 61 were type 2 and only one was type 3.

As part of the efforts to achieve polio eradication, a collaborative project is being developed and coordinated by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) to strengthen the routine immunization program in ten countries, prioritized for having the highest number of unvaccinated or incompletely vaccinated children in the world (Afghanistan, Angola, Chad, Democratic Republic of Congo, Ethiopia, India, Nigeria, Pakistan, Somalia and South Sudan).

The data presented on the status of polio in the year 2013 confirm the importance

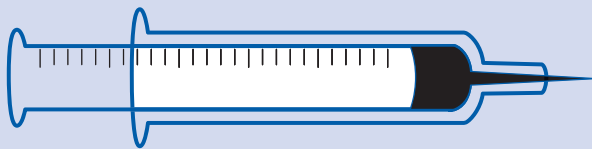


of interrupting wild poliovirus circulation in endemic countries, as well as achieving and maintaining high vaccination coverage and active Acute Flaccid Paralysis (AFP)

surveillance in all countries to prevent both the spread of the virus to polio-free countries and the occurrence of outbreaks of this disease. ■

Technical Facts on Vaccines Used in the Americas

Vaccine Characteristics



BCG Vaccines

No. of manufacturers:	4
Formulation:	Lyophilized vaccine
Route of administration:	ID injection
Schedule:	1 dose
Dosage:	0.05ml or 0.1ml (varies according to manufacturer)
Storage:	+2° to +8°C; protect from light.
MDVP: (Multi-Dose Vial Policy)	Keep reconstituted vial cool and discard after six hours.
Presentation:	20-dose vials in boxes of 50: 1.3cm ³ /dose 20-dose vials in boxes of 50: 1.6cm ³ /dose

Tetanus – Diphtheria Toxoid (Td) Vaccines

No. of manufacturers:	4
Formulation:	Liquid vaccine
Route of administration:	IM injection
Schedule:	varies
Dosage:	0.05ml
Storage:	+2° to +8°C, never freeze.
MDVP: (Multi-Dose Vial Policy)	Keep and use for subsequent sessions for up to 28 days.
Presentation:	1-dose ampoule in boxes of 50: 15.715cm ³ /dose 10-dose vial in boxes of 10: 2.23cm ³ /dose 10-dose vial in boxes of 10: 2.611cm ³ /dose 20-dose vial in boxes of 25: 2.433cm ³ /dose 10-dose vial in boxes of 50: 2.46cm ³ /dose

TECHNICAL FACTS continued from page 3

Diphtheria-Tetanus (DT) Vaccines

No. of manufacturers:	4
Formulation:	Lyophilized vaccine
Route of administration:	ID injection
Schedule:	1 dose
Dosage:	0.05ml or 0.1ml (varies according to manufacturer)
Storage:	+2° to +8°C; protect from light.
MDVP: (Multi-Dose Vial Policy)	Keep and use for subsequent sessions.
Presentation:	1-dose ampoule in boxes of 50: 15.715cm ³ /dose 10-dose vial in boxes of 10: 2.1cm ³ /dose 10-dose vial in boxes of 50: 2.611cm ³ /dose 20-dose vial in boxes of 25: 2.433cm ³ /dose 10-dose vial in boxes of 10: 2.46cm ³ /dose 10-dose vial in boxes of 10: 4.11cm ³ /dose

Measles, Mumps and Rubella Vaccines

No. of manufacturers:	3
Formulation:	Lyophilized vaccine
Route of administration:	SC injection
Schedule:	2 doses
Dosage:	0.05ml
Storage:	+2° to +8°C; protect from light.
MDVP: (Multi-Dose Vial Policy)	Keep reconstituted vial cool and discard after six hours.
Presentation:	1-dose vial in boxes of 10: 15.0cm ³ /dose 1-dose vial in boxes of 50: 26.1cm ³ /dose 2-dose vial in boxes of 50: 13.1cm ³ /dose 5-dose vial in boxes of 50: 5.2cm ³ /dose 10-dose vial in boxes of 50: 2.6cm ³ /dose

DTP-HepB-Hib Vaccines (Liquid)

No. of manufacturers:	3
Formulation:	Liquid vaccine
Route of administration:	IM injection
Schedule:	3 doses
Dosage:	0.05ml
Storage:	+2° to +8°C, never freeze
MDVP: (Multi-Dose Vial Policy)	Keep and use for subsequent sessions.
Presentation:	1-dose vial in boxes of 50: 13.1cm ³ /dose 1-dose vial in boxes of 50: 10.3cm ³ /dose 1-dose vial in boxes of 50: 26.1cm ³ /dose 2-dose vial in boxes of 50: 13.1cm ³ /dose 10-dose vial in boxes of 50: 2.6cm ³ /dose

Measles/Rubella Vaccines

No. of manufacturers:	3
Formulation:	Lyophilized vaccine
Route of administration:	SC injection
Schedule:	2 doses
Dosage:	0.05ml
Storage:	+2° to +8°C, protect from light.
MDVP: (Multi-Dose Vial Policy)	Keep reconstituted vial cool and discard after six hours.
Presentation:	1-dose vial in boxes of 10: 15.0cm ³ /dose 1-dose vial in boxes of 50: 26.1cm ³ /dose 2-dose vial in boxes of 50: 13.1cm ³ /dose 5-dose vial in boxes of 50: 5.2cm ³ /dose 10-dose vial in boxes of 50: 2.6cm ³ /dose

Yellow Fever Vaccines

No. of manufacturers:	4
Formulation:	Lyophilized vaccine
Route of administration:	SC injection
Schedule:	1 dose
Dosage:	0.05ml
Storage:	+2° to +8°C, protect from light.
MDVP: (Multi-Dose Vial Policy)	Keep reconstituted vial cool and discard after six hours.
Presentation:	2-dose vial in boxes of 10: 7.2cm ³ /dose 5-dose vial in boxes of 10: 6.0cm ³ /dose 5-dose vial in boxes of 50: 6.3cm ³ /dose 10-dose vial in boxes of 50: 3.6cm ³ /dose 10-dose vial in boxes of 10: 3.0cm ³ /dose 20-dose vial in boxes of 10: 0.7cm ³ /dose 50-dose vial in boxes of 50: 0.6cm ³ /dose

DTP-HepB+Hib Vaccines (Liquid+Lyophilized)

No. of manufacturers:	3
Formulation:	Liquid+lyophilized vaccine
Route of administration:	IM injection
Schedule:	3 doses
Dosage:	0.05ml
Storage:	+2° to +8°C, never freeze
MDVP: (Multi-Dose Vial Policy)	Keep reconstituted vial cool and discard after six hours.
Presentation:	1-dose vial in boxes of 200: 39.2cm ³ /dose 1-dose vial in boxes of 216: 58.7cm ³ /dose 2-dose vial in boxes of 200: 19.6cm ³ /dose 10-dose vial in boxes of 144: 7.5cm ³ /dose 10-dose vial in boxes of 150: 5.1cm ³ /dose

TECHNICAL FACTS continued from page 4

DTP+Hib Vaccines (Liquid+Lyophilized)

No. of manufacturers:	2
Formulation:	Lyophilized vaccine
Route of administration:	IM injection
Schedule:	3 doses
Dosage:	0.05ml
Storage:	+2° to +8°C, never freeze.
MDVP: (Multi-Dose Vial Policy)	Keep reconstituted vial cool and discard after six hours.
Presentation:	1-dose vial in boxes of 10: 44.72cm ³ /dose 1-dose vial ampoule in boxes of 1: 39.2cm ³ /dose 10-dose vial in boxes of 1: 12.4cm ³ /dose

Human Papilloma Virus Vaccines

Vaccine type:	Quadrivalent HPV (types 6, 11, 16 and 18)
Formulation:	Liquid vaccine
Route of administration:	IM injection
Schedule:	2-3 doses
Dosage:	0.05ml
Storage:	+2° to +8°C, do not freeze. Protect from light.
MDVP: (Multi-Dose Vial Policy)	N/A
Presentation:	1-dose vial in boxes of 1: 75.0cm ³ /dose 1-dose vial in boxes of 10: 15.0cm ³ /dose

Vaccine type:	Bivalent (types 16 and 18)
Formulation:	Liquid vaccine
Route of administration:	IM injection
Schedule:	2-3 doses
Dosage:	0.05ml
Storage:	+2° to +8°C, do not freeze. Protect from light.
MDVP: (Multi-Dose Vial Policy)	Keep cool, opened. Discard after six hours.
Presentation:	1-dose vial in boxes of 1: 57.7cm ³ /dose 1-dose vial in boxes of 10: 11.5cm ³ /dose 1-dose vial in boxes of 100: 9.7cm ³ /dose 2-dose vial in boxes of 1: 28.8cm ³ /dose 2-dose vial in boxes of 10: 5.7cm ³ /dose 2-dose vial in boxes of 100: 4.8cm ³ /dose



Pneumococcal Conjugate (PCV-10) Vaccines

Vaccine type:	Serotypes 1, 4, 5, 6B, 7F, 9V, 14, 18C, 19F, and 23F
Formulation:	Liquid vaccine
Route of administration:	IM injection
Schedule:	3 doses
Dosage:	0.05ml
Storage:	+2° to +8°C. Discard if frozen.
MDVP: (Multi-Dose Vial Policy)	Use immediately opened vial and discard after six hours.
Presentation:	1-dose vial in boxes of 1: 58.0cm ³ /dose 1-dose vial in boxes of 10: 11.5cm ³ /dose 1-dose vial in boxes of 100: 10.0cm ³ /dose 2-dose vial in boxes of 100: 4.8cm ³ /dose

Pneumococcal Conjugate (PCV-13) Vaccines




Vaccine type:	Serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F
Formulation:	Liquid vaccine
Route of administration:	IM injection
Schedule:	3 doses
Dosage:	0.05ml
Storage:	+2° to +8°C. Discard if frozen.
MDVP: (Multi-Dose Vial Policy)	N/A
Presentation:	1-dose vial in boxes of 25: 15.7cm ³ /dose 1-dose vial in boxes of 50: 12.0cm ³ /dose

Cholera Vaccines

Dukoral™	
Vaccine type:	Inactivated oral
Formulation:	Liquid + buffer
Route of administration:	oral
Schedule:	3 doses (2 for adults)
Dosage:	3ml
Storage:	+2° to +8°C. Do not freeze.
MDVP: (Multi-Dose Vial Policy)	N/A
Presentation:	1-dose carton: 271.0 cm ³ /dose 2-dose carton: 136.0cm ³ /dose 20-dose carton: 44.0 cm ³ /dose

Shanchol™	
Vaccine type:	Inactivated oral cholera
Formulation:	Liquid
Route of administration:	oral
Schedule:	2 doses (at 2 weeks interval)
Dosage:	1.5ml
Storage:	+2° to +8°C. Discard if frozen.
MDVP: (Multi-Dose Vial Policy)	N/A
Presentation:	1-dose carton of 35 vials: 16.8 cm ³ /dose

Monitoring Vaccine Utilization and Wastage

Wasted	Sacrificed for a good reason
<ul style="list-style-type: none">  Losses of inventory, in unopened vials, for different reasons: expiry, damage from cold chain breakdowns, breaking, freezing.  Losses due to failure of multi-dose vial policy, discarding opened vials of vaccines eligible for reuse because of misuse or ignorance of the multiple-dose vial policy: TT, DTP, HepB, etc.  Losses of misuse include administration of incorrect doses, invalid doses at wrong intervals and ages. 	<ul style="list-style-type: none"> • Doses discarded from reconstituted vaccine vials at the end of a vaccination session, in line with the multi-dose vial policy: BCG, measles-containing vaccine, yellow fever. • Unplanned administration of vaccine (non-target populations, booster doses, other population groups).
<p>Key Considerations:</p> <ul style="list-style-type: none"> • Effective Vaccine Management (EVM) limits at maximum ultraviolet wastage $w_i = 1\%$ per storage facility. • For the entire supply chain: $\sum^n w_i$ ($n = \text{No. of supply chain levels}$) • Managers anticipate reasons leading to actions to avoid wastage. • Establish a system to record and review vaccine losses. 	<p>Key Considerations:</p> <ul style="list-style-type: none"> • Only service delivery • Related to multi-dose presentations • No limits set (context dependent) • Managers analyze data and provide supportive supervision to reduce wastage • Formulate/adjust procurement policies

Two Types of Wastage (Unopened Vials v. Opened Vials)

Unopened Vial Wastage	Opened Vial Wastage
<ul style="list-style-type: none"> • $\frac{\text{Doses wasted in unopened vials}}{\text{Doses supplied}} \times 100$ • Cold chain failure: <ul style="list-style-type: none"> ⇒ Freeze-sensitive vaccines frozen ⇒ Poor stock inventory control • Expiry from non compliance to breakages, damaged labels, missing inventories. • Poor forecasting: <ul style="list-style-type: none"> ⇒ Expiry from over-supply 	<ul style="list-style-type: none"> • $\frac{\text{Doses opened} - \text{doses administered}}{\text{Doses opened}} \times 100$ • Vaccine presentation: <ul style="list-style-type: none"> ⇒ Multi-dose vials (MDV) are prone to higher opened vial wastage as remaining doses usually need to be discarded at the end of any session. • Status of Multi-Dose Vial Policy: <ul style="list-style-type: none"> ⇒ With preservative for re-use until finish. ⇒ Without preservative & discard within 6 hours. • Vaccination strategies and settings: <ul style="list-style-type: none"> ⇒ Fixed vs. outreach/mobile. ⇒ Session size (urban/rural, routine/campaign).

WHERE DID WASTAGE HAPPEN?

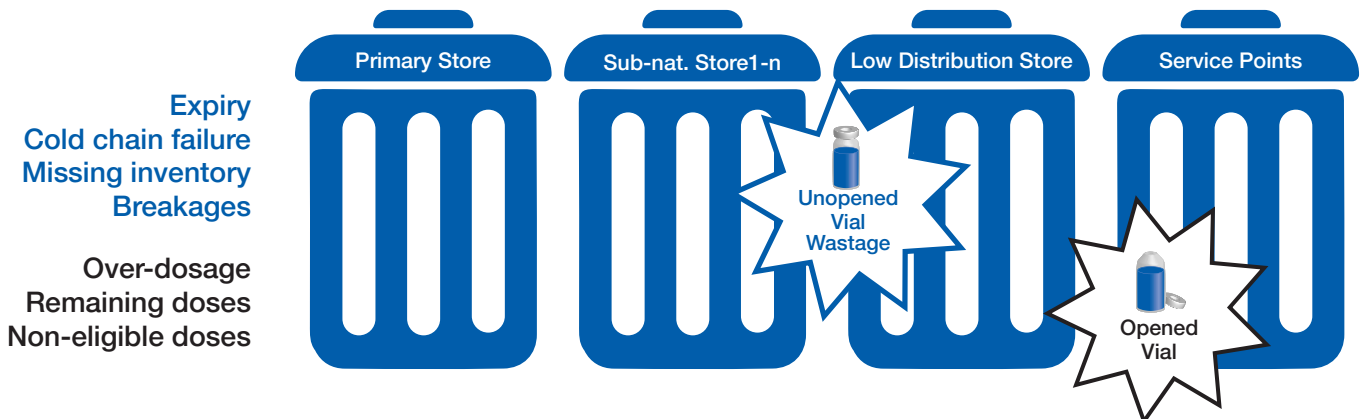


Table 1. Prices for Vaccines Purchased through the PAHO Revolving Fund, 2014 (prices in US\$)

Vaccine	Doses per vial	Average price per dose	Vaccine	Doses per vial	Average price per dose		
BCG	Bulgarian Origin	10	0.1385	Measles/Mumps (Zagreb Strain)/Rubella	1	2.0500	
	Indian Origin	10	0.115		5	0.9900	
Cholera	1	1.8500	10		1.0250		
DPT	Indian Origin	10	0.2400	Polio, Inactivated	Dutch Origin	1	2.8000
	Indonesian Origin	10	0.1970	Polio, Oral (Glass)		20	0.1337
DT	Pediatric	10	0.1100	Pneumococcal Conjugated Pediatric	10-valent	1	14.1200
DTaP Triple Acellular	Pediatric	10	8.0000		13-valent	1	15.6800
DTaP-IPV		1	8.6000	Pneumococcal Polysaccharide Adult 23-valent	1	7.2600	
DTaP-IPV-Hib		1	11.5000		5	6.6000	
DTP	Hib Lyophilized	1	2.6500	Rabies Human Use (Vero Cells)	1	10.8000	
DTP-Hepatitis B-Hib (pentavalent)	Lyophilized	1	2.7500	Rotavirus, Liquid	2-dose Immunization Schedule	1	6.5000
	Liquid	1	2.5251	Td	Adult	10	0.1005
	Liquid	10	1.9500	Tdap Triple Acellular	Adolescent/Adult	1	8.9871
Hepatitis A	Pediatric	1	7.1000	Typhoid Polysaccharide		20	8.2000
	Adult	1	11.5000			1	10.5000
Hepatitis B (Recombinant)	Adult	1	0.4800	Varicella		1	12.9000
		10	0.1807	Yellow Fever	Brazilian Origin	10	0.8500
	Pediatric Korean Origin	1	0.2500		French Origin	10	1.4000
	Pediatric Indian Origin	1	0.4500				
Hib	Lyophilized	1	1.7000				
Influenza Seasonal Southern Hemisphere 2014	Adult Korean Origin	1	3.3000				
	Adult Korean Origin	10	2.8400				
	Adult French Origin	10	3.8000				
	Adult British Origin	10	3.0500				
	Pediatric French Origin	20	1.9000				
	Pediatric Korean Origin	20	1.4200				
Measles-Rubella		1	1.8000				
		10	0.5500				
Measles/Mumps (Urabe Strain)/Rubella		1	3.6000				
Measles/Mumps (Jeryl-Lynn Strain)/Rubella		1	5.0000				

Vaccines 2014 Price List Amendment I

Member States will be billed according to these prices, unless otherwise stipulated in country agreements. PAHO invoices will include the cost of the vaccine, a 4.25% service charge (applicable only to the cost of the biological product), and actual charges for packing, freight and insurance.

PAHO/WHO Representatives are encouraged to issue proforma invoices based on the "FCA" average prices (indicated in the price list). For estimating the cost of packaging, insurance and freight, use 15 % of the value of the vaccines for budgetary purposes. This is due, in part, to the origin of the product. The actual cost of these services may vary, and will be reflected in the PAHO invoice, which is issued approximately 30 days after the order has been delivered. Delivery lead time is approximately 60 days after the requisition is received by the Procurement and Supply Management Department.

Please continue to work closely with PAHO's Immunization Department in updating quarterly vaccine requirements from Member States. **The accuracy and availability of this information is critical to PAHO's work with suppliers to ensure the timely manufacturing and availability of the products.**

Table 2. Prices for Syringes Purchased through the PAHO Revolving Fund, 2014-2015 (prices in US\$)

2014-2015 DISPOSABLE SYRINGES, PLASTIC WITH ATTACHED NEEDLE			2014-2015 AUTO-DISABLE SYRINGES, PLASTIC WITH ATTACHED NEEDLE		
SIZE	PACKED PER CASE	PRICE PER UNIT *	SIZE	PACKED PER CASE	PRICE PER UNIT *
1cc 22G x 1 1/2"	1,400	\$0.0299	0.5cc 22G x 1 1/2"	3,000	\$0.0660
	3,600	\$0.0330	0.5cc 23G x 1"	1,300	\$0.0380
	2,000	\$0.0338		3,000	\$0.0470
1cc 23G x 1"	1,400	\$0.0299	0.5cc 25G x 5/8"	1,300	\$0.0380
	3,600	\$0.0320		3,000	\$0.0510
	2,000	\$0.0338	0.5cc 26G x 3/8"	1,300	\$0.0380
1cc 25G x 5/8"	1,400	\$0.0299	0.1cc 27G x 3/8"	1,300	\$0.0450
	3,600	\$0.0330			
	1,000	\$0.0300			
1cc 26G x 3/8"	1,400	\$0.0299			
	1,000	\$0.0300			
1cc 27G x 3/8"	1,400	\$0.0299			
5cc 22G x 1 1/2"	1,100	\$0.0315			
	1,600	\$0.0350			

* Prices FCA (Free Carrier) for each syringe.

2014-2015 Syringe Prices Amendment I

Member States will be billed according to these prices. PAHO invoices will include the cost of the syringes, a 4.25% service charge (applicable only to the cost of the syringes), and actual charges for packing, freight and insurance.

PAHO/WHO Representatives are encouraged to issue Pro Forma invoices based on the "FCA" prices. For estimating the cost of packing, insurance and freight, use 25% of the value of the

syringes for ocean shipments and use 110% of the value of the syringes for air shipments. This is due, in part, to the origin of the product, the weight and the shipping mode – air or sea. The actual cost of these services may vary, and will be reflected in the PAHO invoice, which is issued approximately 30 days after the order has been delivered. Delivery lead time is approximately 70 days by air and 120 days by ocean after the requisition has been received by the Procurement and Supply Management Department.

Please continue to work closely with PAHO's Immunization Department in updating quarterly syringe requirements from Member States. **The accuracy and availability of this information is critical to PAHO's Procurement and Supply Management Department's work with suppliers to ensure the timely manufacturing and availability of syringes.**

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.

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

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Comprehensive Family Immunization Unit

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<http://www.paho.org/immunization>

New Vaccine Cold-Storage Center Opens in Peru

Peruvian First Lady Nadine Heredia and Minister of Health Midori De Habich, together with the World Health Organization (WHO) Director-General Dr. Margaret Chan and Pan American Health Organization (PAHO) Director Dr. Carissa F. Etienne inaugurated a new center for cold vaccine storage in Lima, Peru on 21 February 2014. The new center is housed at the East Lima Health Department (DISA IV) in the Peruvian capital.

Heredia noted that maintenance of the vaccine cold chain is an essential part of Peru's efforts to guarantee vaccination, especially for children. "Vaccination is a national effort and ensuring that the population is immunized against diseases is one of the main responsibilities of the Ministry of Health," said

De Habich, adding that the cold chain ensures that vaccines are available throughout the country. De Habich also stated that the new center will ensure the safe storage of vaccines and will serve as the main storage site for Lima during crisis situations. DISA Director Luis Fuentes also participated in the inauguration of the new center.

Drs. Chan, Etienne and Peruvian officials participated in an information fair on the prevention of cancer and tuberculosis at the Plaza de Armas of El Agustino, a district of some 180,000 inhabitants in eastern Lima. They also met with a group of health promoters who received recognition for their work. Other participants in the activity included the Mayor of El Agustino, Victor Salcedo; PAHO/



Ribbon-cutting ceremony for the new center for cold vaccine storage in Lima with Dr. Carissa F. Etienne, PAHO Director; Nadine Heredia, First Lady; Midori de Habich, Minister of Health; Dr. Margaret Chan, WHO Director; and Luis Fuentes, Director of DISA IV East Lima.

WHO Representative, Fernando Leanes; staff from DISA IV; and staff from PAHO/WHO's country office in Lima. ■