

# Immunization Newsletter

Pan American Health Organization

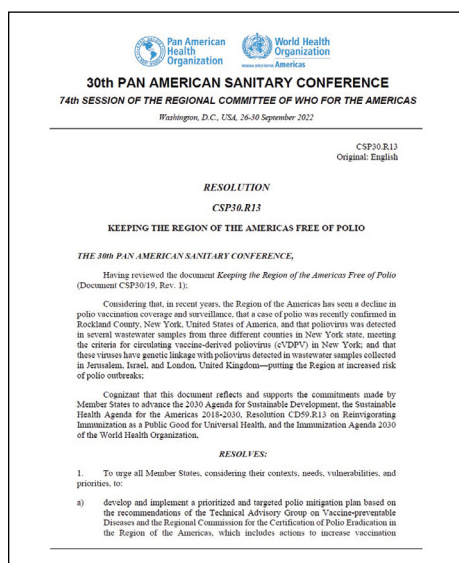


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Immunize and Protect Your Family

December 2022

## 30th Pan American Sanitary Conference: Keeping the Region of the Americas Polio-Free



In 2022, the consequences of reducing polio vaccination coverage, which was lower than in previous years, became apparent. In New York, United States of America, one case of polio was confirmed and poliovirus was detected in wastewater samples.

The 30th Pan American Sanitary Conference,<sup>1</sup> held by the Pan American Health Organization (PAHO) in September 2022, presented a resolution urging PAHO Member States to declare their commitment to keeping the Region of the Americas polio-free and, in particular, to:

**a.** develop and implement a prioritized and targeted polio mitigation plan based on the recommendations of the Technical

Advisory Group on Vaccine-preventable Diseases and the Regional Commission for the Certification of Polio Eradication in the Region of the Americas, which includes actions to increase vaccination coverage, improve surveillance performance, and ensure adequate preparedness for a possible polio event or outbreak;

**b.** engage civil society, community leaders, non-governmental organizations, the private sector, academic institutions, and other stakeholders to jointly advance and work in a coordinated manner to keep the Region of the Americas free of polio.

Given that the Region had remained polio-free for nearly 30 years, and given low vaccination coverage and poor surveillance performance in countries, it is imperative that countries in the Region put in place measures to eradicate polioviruses and minimize the risk of reintroduction.<sup>2</sup> ■

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### What I have learned...

**Raúl Montesano Castellanos, a surgeon and graduate of the National Autonomous University of Mexico, trained in Epidemiology at the School of Public Health of Mexico and the Applied Epidemiology Program of the CDC in Atlanta (Georgia). General Directorate of Epidemiology of the Ministry of Health of Mexico.**

During my first 18 years of professional life in the field of public health, in the General Directorate of Epidemiology (DGE), I had the opportunity to participate in various studies and projects on vaccine-preventable diseases (VPD) and, in recent years, I was responsible for epidemiological surveillance systems of infectious diseases, with the task of developing surveillance systems for reemerging diseases in the country and the hemisphere, such as dengue and cholera.

The most interesting part of this period was the collaboration with World Health Organization (WHO) and PAHO expert groups to design, develop, and implement VPD surveillance systems, which were a watershed between standard systems and intensified epidemiological surveillance models for disease elimination and eradication programs.

The Rotary Club's 1985 Global Polio Eradication Initiative, under the leadership of Carlos Canseco, celebrated the Club's legacy and marked its centennial. Under the technical coordination of Ciro de Quadros and Jesús Kumate, among others, this led to the creation of an intensive surveillance system with high sensitivity and specificity for the detection, study, and classification of all probable cases of polio: surveillance of acute flaccid paralysis (AFP). We in the epidemiology teams of Brazil and Mexico were responsible for testing the operational definitions of cases and the study protocol, as well as follow-up and classification of cases that, supported by high-specificity laboratory and clinical studies, ensure an accurate positive or negative diagnosis of probable cases of poliomyelitis.

<sup>1</sup> Pan American Health Organization. Keeping the Region of the Americas Free of Polio [resolution CSP30.R13]. 30th Pan American Sanitary Conference, 74th Session of the Regional Committee of WHO for the Americas; 2022 Sep 26-30. Washington, DC: PAHO; 2022. Available from: [https://www.paho.org/sites/default/files/csp30-r13-e-keeping-the-region-free-of-polio\\_0.pdf](https://www.paho.org/sites/default/files/csp30-r13-e-keeping-the-region-free-of-polio_0.pdf).

<sup>2</sup> Pan American Health Organization. Keeping the Region of the Americas Free of Polio [document CSP30/19, Rev.1]. 30th Pan American Sanitary Conference, 74th Session of the Regional Committee of WHO for the Americas; 2022 Sep 26-30. Washington, DC: PAHO; 2022. Available from: [https://www.paho.org/sites/default/files/csp30-19-e-keeping-the-region-free-of-polio-rev1\\_0.pdf](https://www.paho.org/sites/default/files/csp30-19-e-keeping-the-region-free-of-polio-rev1_0.pdf).

## Ten news items on vaccination in the Americas published by PAHO

The scope and components of immunization programs in place in the Region of the Americas are unlimited. These programs can be used and strengthened to increase regional vaccination coverage throughout life and protect populations from all vaccine-preventable diseases. PAHO supports the Region's immunization programs through this work.

In addition, PAHO also works with communications partners to help narrate the experience of immunization projects and the progress being made throughout the Region. These stories are actively told and shared on the PAHO website. Following is a list of 10 news items published between November and December 2022. We are pleased to share the work that is being carried out to highlight vaccination initiatives in the Region.

### 1. Protection for mothers and babies: vaccines and pregnancy

Published on 3 November 2022: "Pregnancy is a sensitive time for both mothers and those around them. It is natural for questions to arise on various topics, including vaccination. Providing clear and accurate information is critical to building trust to achieve the desired immunization in both mothers and babies."

For more information, see the full story at this link: <https://www.paho.org/en/news/3-11-2022-protection-mothers-and-babies-vaccines-and-pregnancy>.

### 2. PAHO strengthens ESAVI surveillance in Honduras

Published on 8 November 2022: "Within the framework of the technical cooperation that PAHO/WHO provides to the Region of the Americas at the national and subnational levels to strengthen surveillance of events supposedly attributable to vaccination or immunization (ESAVI) and adverse events of special interest (AESI), PAHO/WHO International Vaccination Consultants Dr. Felipe Molina, Dr. Nadia Romualdo, and Mr. Carlos Aguilar visited Honduras between 31 October and 4 November of this year."

For more information, see the full story at this link: <https://www.paho.org/es/noticias/8-11-2022-ops-fortalece-vigilancia-esavi-honduras>.

### 3. High-quality follow-up vaccination campaign for measles, rubella, and polio

Published on 10 November 2022: "From 24–28 October 2022, a PAHO/WHO regional and national team accompanied the national team of the Expanded Program on Immunizations (EPI) to evaluate completion of the Measles, Congenital Rubella Syndrome, and Polio Vaccination Campaign (CVSSR in Spanish). Other essential components to sustain elimination were reviewed at the same time, such as the quality of the epidemiological surveillance system and the capacity to respond to imported cases."

For more information, see the full story at this link: <https://www.paho.org/es/noticias/10-11-2022-campana-vacunacion-seguimiento-alta-calidad-para-sarampion-rubeola>.

### 4. Ecuador to launch National Flu Vaccination Campaign to reach more than 4.8 million people

Published on 11 November 2022: "The Ministry of Public Health (MSP) together with PAHO/WHO will present the campaign "Get vaccinated and be a life influencer." The event will take place in Bicentennial Park (Quito), on Sunday, 13 November 2022 starting at 10:00 am. In order to protect the national population against influenza and its complications, the MSP is promoting the influenza vaccination campaign. To this end, 4,882,000 doses of vaccine were purchased for children and adults in the community."

For more information, see the full story at this link: <https://www.paho.org/es/noticias/11-11-2022-ecuador-presentara-campana-nacional-vacunacion-contra-influenza-que-llegara-mas>.

### 5. PAHO and USAID donate equipment to strengthen access to and administration of COVID-19 vaccines in communities in the interior of Suriname

Published on 17 November 2022: "PAHO, with the support of the United States Agency for International Development (USAID), donated three solar refrigerators for vaccines and cold pack freezers to the Medical Mission (MM) organization of Suriname, in order to

strengthen access to and supply of vaccines against COVID-19 and other diseases in communities in the interior of the country."

For more information, see the full story at this link: <https://www.paho.org/en/news/17-11-2022-collaboration-usaid-pahowho-provides-donation-strengthen-access-and-provision-covid>.

### 6. Canada contributes more than \$11 million to PAHO's initiative to strengthen regional vaccine manufacturing

Published on 21 November 2022: "The Government of Canada announced a contribution of 15 million Canadian dollars (equivalent to US\$ 11.2 million) for a PAHO initiative aimed at increasing vaccine production capacity in Latin America and the Caribbean."

For more information, see the full story at this link: <https://www.paho.org/en/news/21-11-2022-canada-contributes-over-u-11-million-pahos-initiative-strengthen-regional>.

### 7. Nicaragua is the venue for PAHO/WHO regional training to evaluate the quality of countries' vaccine supply chain

Published on 30 November 2022: "Vaccine supply chain experts from Bolivia (Plurinational State of) Colombia, Cuba, Dominican Republic, Guatemala, Guyana, Honduras, Mexico, Nicaragua, and Paraguay were present in Nicaragua to strengthen their skills with the new mobile version of the World Health Organization tool called Effective Vaccine Management (EVM 2)."

For more information, see the full story at this link: <https://www.paho.org/es/noticias/30-11-2022-nicaragua-es-escenario-entrenamiento-regional-opsoms-para-evaluacion-calidad>.

### 8. Villazón: authorities raise community awareness about the importance of immunization and strengthen the capacities of health personnel to promote vaccination

Published on 1 December 2022: "The Expanded Program on Immunizations (EPI) of the Ministry of Health and Sports (MSyD) is leading multiple initiatives at the national, departmental, and municipal levels with the support of PAHO, in order to mobilize the community, institutions, and the health system to prevent outbreaks, epidemics, or the reintroduction of vaccine-preventable diseases."

For more information, see the full story at this link: <https://www.paho.org/es/noticias/1-12-2022-villazon-autoridades-sensibilizan-comunidad-sobre-importancia-inmunizacion>.

### 9. Journalists and communicators in Lima are trained to provide information about COVID-19 vaccination

Published on 7 December 2022: "Journalism and communications professionals are strategic partners for public health entities since they allow the population to access truthful and timely information to make decisions that allow them to take care of themselves and their community, promoting healthy and preventive habits. Therefore, in order to strengthen the proper handling of information on COVID-19 vaccination, PAHO and the Directorates of Integrated Health Networks (DIRIS) of Central and North Lima held a workshop on information verification and investigative journalism."

For more information, see the full story at this link: <https://www.paho.org/es/noticias/7-12-2022-periodistas-comunicadores-lima-son-capacitados-abordaje-informacion-sobre>.

### 10. Haiti receives first shipment of cholera vaccines

Published on 12 December 2022: "With the support of PAHO, today Haiti received about 1.17 million doses of oral cholera vaccine, as the number of cases in the country continues to rise. The (Euvichol®) vaccine was supplied by the International Coordinating Group (IGC) on Vaccine Provision, which manages the global stockpile of cholera vaccines, at the request of Haiti's Ministry of Public Health and Population (MSPP)."

For more information, see the full ne at this link: <https://www.paho.org/en/news/12-12-2022-haiti-receives-first-shipment-cholera-vaccines>. ■

## Road map to defeat meningitis by 2030



### The main goals of this road map are to:

1. Eliminate bacterial meningitis epidemics.
2. Reduce cases of vaccine-preventable bacterial meningitis by 50% and deaths by 70%.
3. Reduce disability and improve quality of life after meningitis due to any cause.

To operationally define these objectives, WHO identified five overlapping pillars that translate into the main activities and milestones that each region of the world must adapt to its realities, as well as identify target countries in which these pillars must be fully strengthened.

### The five pillars of the road map are as follows:

1. Epidemic prevention and control;
2. Diagnosis and treatment;
3. Disease surveillance;
4. Support and care for people affected by meningitis;
5. Advocacy and commitment.

### Where is the Region of the Americas with respect to the pillars?

As for the first pillar, of 41 countries in the Region, most have incorporated available Hib vaccines, 32 countries have included the Spn vaccine, and only four countries have integrated Nm vaccines. To date, there are no registered vaccines against GBS, although it is an important public health need, especially in low-income countries given the high prevalence of GBS in pregnant people, as well as its high lethality in newborns of infected people – up to 17%, a figure reported in the Dominican Republic. The first countries to incorporate the Hib vaccine were Canada (1986), the United States (1991), Uruguay (1994), and Chile (1996). The first country to integrate vaccines against Nm was Cuba in 1989 (OMV vaccines). The first country to include conjugate vaccines against Spn was the United States (2000), followed by Costa Rica (2007).

With regard to diagnosis and treatment, the main source of information has been provided by the network of laboratories that consolidated the Regional Vaccine System (SIREVA II), although it was not possible to integrate laboratory information with clinical and epidemiological information. Laboratory capacity has improved through surveillance networks; however, major challenges include capacity-building in countries with the highest number of outbreaks. The quality of the laboratory network must be standardized and monitored, and the human resources that work in them should have continuous training. The COVID-19 pandemic, which has lasted more than two years, has made clear the

need to strengthen the diagnostic capacities of the countries of the Region with molecular techniques and by instituting genomic surveillance of infectious agents.

As regards the third pillar, epidemiological surveillance is at the heart of the data: it generates information for decision-making; it makes it possible to estimate the burden of disease through different indicators, such as attack rates, lethality, mortality, estimates of disability-adjusted life years (DALY) for each causative agent; and it identifies risk groups so that authorities can act quickly to prevent the spread of the disease. By 2020, PAHO had a sentinel surveillance network for bacterial pneumonia and meningitis made up of nine countries: Argentina, the Plurinational State of Bolivia, Colombia, Ecuador, El Salvador, Honduras, Nicaragua, Paraguay, and Peru, with 22 centers that together represent a population of 181,811,956 people. Considering that the estimated 2020 population of Latin America and the Caribbean was 652,365,260, this would track 27.9% of them. Our countries require permanent, systematic surveillance, carried out by expert epidemiologists who can identify risks in a timely manner, with a preventive approach, and focused on integrating the clinical, laboratory, and epidemiological components.

A rather weak element is knowledge and management of the sequelae of meningitis and support for families (fourth pillar), since currently there is no follow-up of cohorts of cases, at least until entering school at age 6. Scientific evidence from countries with data describes a high risk of death in the three months following illness (odds ratio (OR) between 3.9% and 5.9%, 95% confidence interval, 2.6–5.8 and 4.7–7.0, respectively), as well as neurological damage in survivors estimated at 10% to 20%. It would be advisable to have neurological evaluation indicators and resources to manage them and support families.

In relation to the fifth pillar, political and public health decision-makers have little awareness of bacterial meningitis. However, there is more awareness of pneumonia and sepsis, which come from the same causative agents as meningitis. To give greater visibility to this serious disease, complementary advertising campaigns should be launched; partnerships should be established between meningitis and primary care; health, immunization, and global health security systems should be strengthened; and we should highlight the role of vaccines in reducing antimicrobial resistance. Communications campaigns can be done around the International Day of Persons with Disabilities and other events with scientific societies.

In order for the Region of the Americas to develop and implement this road map and achieve the proposed goals, all countries, scientific societies, donors, and civil society must be determined to make them a reality. It is everyone's job. ■

<sup>3</sup> GBD 2016 Meningitis Collaborators. Global, regional, and national burden of meningitis, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Neurol.* 2018;17(12):1061–82.

Available from: <https://pubmed.ncbi.nlm.nih.gov/30507391/>.

<sup>4</sup> Edmond K, Clark A, Korczak VS, Sanderson C, Griffiths UK, Rudan I. Global and regional risk of disabling sequelae from bacterial meningitis: a systematic review and meta-analysis. *Lancet Infect Dis.* 2010;10(5):317–28.

Available from: <https://pubmed.ncbi.nlm.nih.gov/20417414/>.

<sup>5</sup> World Health Organization. Global road map on defeating meningitis by 2030 73rd World Health Assembly; 2020 Nov 17. Geneva: WHO; 2020. Available from: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA73/A73\\_R9-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R9-en.pdf).



## Building Better Immunity: A Path to Healthy Longevity

On 10 November 2022, the webinar Building Better Immunity: A Path to Healthy Longevity was presented, organized by the Comprehensive Family Immunization and Healthy Life Course units of the Department of Family, Health Promotion and Life Course of PAHO.

The webinar, with more than 90 participants, explored the concept of a life-course approach applied to vaccination and the implications of this approach for public health systems. Panelists presented examples of why and how immunization actions can improve health throughout the life course.

### Immunization across the life course and public health systems

Roy Philip, a physician and assistant professor of neonatology in Limerick, Ireland, delivered the keynote address. He noted that when considering the increase in longevity on a global scale, for the first time there are more people over 65 than under 5. It is therefore imperative to incorporate a life-course approach into our health systems, so that adults can derive maximum benefit from vaccination.

To harness the potential of lifelong immunization to promote good health, Philip recommended a paradigm shift. In a context of the emergence of communicable diseases affecting people of all ages and vaccine hesitancy, he emphasized the "5 A's" as necessary actions to achieve an effective immunization program throughout life: access, awareness, affordability, acceptance, and activation. He also encouraged health professionals to work on the "4Cs" to influence immunization acceptance: improve convenience, increase confidence, eliminate complacency, and be aware of cultural acceptance.

Shalini Desai, WHO medical officer, detailed how successful life-long immunization could be generated through synergy with other health initiatives, integration with other programs, efficient use of resources, equitable access, vaccine recovery programs, and people-centered services. Desai addressed seven key considerations when transitioning to a life-cycle approach to vaccination:

1. Identify and reach target population groups;
2. Integrate with other services;
3. Record and track data;
4. Catch up on vaccines;
5. Generate acceptance and demand;
6. Ensure equitable access;
7. Funding and promotion.

### Immunization reduces immunity gaps at different stages of life and improves health

In the panel, Flor Muñoz, a professor at Baylor College of Medicine in Houston, Texas, explained how our life trajectories and immunity are linked. Immunity is transmitted from generation to generation by vaccinating pregnant people (recommended for tetanus, influenza, pertussis, and COVID-19) and provides benefits to newborns. The introduction of pertussis vaccination in the United States in 2012 for pregnant people has substantially decreased cases of this disease in pediatric patients.<sup>6</sup>



Francisco Nogareda, PAHO's focal point for studies on the effectiveness of influenza vaccines, addressed how the timing of influenza vaccination is key to improving health throughout the life course. There are critical times for vaccination that coincide with stages when people are most vulnerable to flu or influenza, such as early childhood, older age, periods with other illnesses that lower immunity, pregnancy, and when health services are being provided. Influenza vaccination is an essential strategy to prevent severe cases of the disease, which can prevent sequelae that could affect people's quality of life.

Laia Bruni, head of the Infections and Cancer Unit of the Catalan Institute of Oncology in Barcelona (Spain), spoke about the need to recognize the cumulative effect of both protective factors and health risk factors on the life trajectory. She explained that cervical cancer is the long-term result of a human papillomavirus infection that was not stopped by protective factors, such as screening, at an earlier stage. In fact, the main protective factor is the immunity created by vaccination, as it maximizes the ability to clear infections that could lead to cancers. Universal vaccination is an opportunity to protect the entire population equally, reducing the impact of a socioeconomic gap that affects the life course of each person and, therefore, promoting equity between populations and generations.

Enrique Vega and Daniel Salas, heads of the PAHO units that organized the seminar, stressed that immunization is a key public health intervention that we enjoy even before birth, strengthening our capacity, and that it is needed throughout the life course. Both emphasized that a life-course approach can have huge implications for countries in the Region, where health programs can reduce immunity gaps at different stages of life.

To listen to the presentations, the recording of the webinar can be found on the PAHO website in [Spanish](#), [English](#), and [Portuguese](#), and a technical paper based on the evidence presented will soon be available. ■

**Contributed by:** Margherita Ghiselli, Evelyn Balsells, Beatriz Nascimento, Carolina Hommes, Ana Lucía Rosado, and Brenda Cadena.

<sup>6</sup> Centers for Disease Control and Prevention. Pertussis (Whooping cough): Surveillance and Reporting. Atlanta: CDC; 2022. Available from: <https://www.cdc.gov/pertussis/surv-reporting.html>.

## New courses available at PAHO's Virtual Campus for Public Health

### Crisis communication related to vaccine safety and vaccination: technical guidance

Vaccine and vaccination-related crises require a different communication response than strategies to promote the benefits and importance of vaccines in general. This course provides the technical guidance needed to develop an appropriate communications plan to manage crises related to vaccine safety and vaccination. This guidance will be useful to management teams in immunization, vaccine safety, and vaccination departments. They will also serve vaccine safety crisis preparedness and response teams to optimize the development of communications plans that help recover, maintain, or strengthen confidence in vaccines, vaccination, and the vaccination schedule as a whole. The different modules include one phase (preparation, implementation, and evaluation) with suggested activities and support tools to prepare, carry out, and evaluate communications response to crises.

The course is available in Spanish, English, French, and Portuguese at: <https://www.campusvirtualsp.org/en/course/crisis-communication-related-vaccine-safety-technical-guidance-english-version-2022>.

### Tools for monitoring coverage of integrated vaccination and deworming public health interventions

Records generated by administrative coverage are very useful to guide activities for the control, monitoring, and evaluation of the programs. Systematic and regular analysis of coverage data provides an opportunity to critically review data in order to identify, explain, resolve, or correct features of the reporting system. Initiatives to improve the validity, consistency, completeness, and timeliness of coverage data should be a priority for all countries. With strategies and opportunities for joint work, the Regional Program for Neglected Infectious Diseases and PAHO's Comprehensive Family Immunization Unit pointed out the need to systematize and integrate methods to monitor coverage of the preschool and school population.

The tools presented in the course resulted from the review and integration of concepts and methodologies that draw on experiences and lessons learned from countries, in order to facilitate the joint implementation of interventions and monitoring activities for the various existing health programs and

platforms. The concepts, methods and tools of each module are expected to be incorporated into the processes of continuous improvement of data quality, appropriate analysis of information, and its timely use for decision-making and implementation of interventions to facilitate effective access to health.

The course is available in Spanish and English at: <https://www.campusvirtualsp.org/en/course/tools-monitoring-coverage-integrated-public-health-interventions>.

### Surveillance of events supposedly attributable to vaccination or immunization

In the context of the COVID-19 pandemic emergency, where rapid deployment of new vaccines through emergency authorizations has been required, it is important to emphasize activities that ensure vaccine safety, particularly including surveillance of events allegedly attributable to vaccination or immunization (ESAVI). Additionally, in order to maintain vaccine confidence, national authorities must share information about their safety.

The virtual course facilitates the acquisition of knowledge and skills for the correct development of the ESAVI surveillance cycle, which will generate useful information on the occurrence of adverse events. This information will be used by national and regional teams to minimize their recurrence and effects on population health. It consists of 10 modules covering an array of content, accompanied by practical activities and the preparation of a case study distributed over all the modules.

The course is aimed at professionals from ministries of health, national immunization programs, national regulatory agencies, epidemiology departments, national vaccine safety committees, and health personnel at local levels to guide case management and communications when ESAVIs occur.

The course is available in Spanish at: <https://www.campusvirtualsp.org/es/curso/curso-virtual-sobre-vigilancia-de-eventos-supuestamente-atribuibles-la-vacunacion-o>. ■

## PAHO 2022 Publications on Immunization



[Frequently Asked Questions about COVID-19 Vaccines, Version 6, 12 February 2022](#)



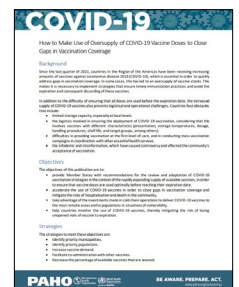
[Manual for Surveillance of Events Supposedly Attributable to Vaccination or Immunization in the Region of the Americas](#)



[Regional Framework for the Monitoring and Re-Verification of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas, Revised edition](#)



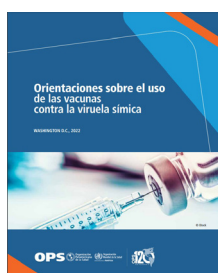
[Frequently Asked Questions on the Use of Rotavirus Vaccines](#)



[How to Make Use of Oversupply of COVID-19 Vaccine Doses to Close Gaps in Vaccination Coverage](#)



[Recommendations for verifying information about COVID-19 vaccines. A guide for journalists](#)



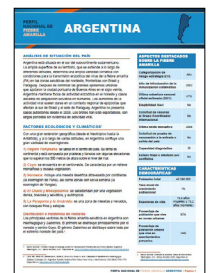
[Orientaciones sobre el uso de las vacunas contra la viruela símica](#) (only in Spanish)



[Immunization in the Americas: 2022 Summary](#) (only in English)



[Análisis de la vacunación contra la COVID-19 en la Región de las Américas. Desglose por sexo y edad y en subpoblaciones seleccionadas](#) (only in Spanish)



Country profiles on yellow fever: [Argentina](#), Plurinational State of [Bolivia](#), [Brazil](#), [Colombia](#), [Ecuador](#), [Guyana](#), [Panamá](#), [Paraguay](#), [Perú](#), [Suriname](#), [Trinidad and Tobago](#) and Bolivian Republic of [Venezuela](#) (in Spanish and English)



## Meeting of the Region's National Immunization Technical Advisory Groups



The First Meeting of the Regional National Immunization Technical Advisory Group (NITAG) Network of the Americas (RNA) was held during 5-6 October 2022, in Antigua, Guatemala. A total of 115 participants attended, including NITAG presidents and members, Expanded Program on Immunization (EPI) managers, and partners from the following 23 countries in the Region of the Americas: Argentina, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, United States, and Uruguay.

The meeting took place at a critical time when the Region is faced with the most significant decline in vaccination coverage seen in recent years. During its July ad hoc meeting, PAHO's Technical Advisory Group (TAG) on Vaccine-preventable Diseases urged Member States "to focus their political, technical, and financial commitments to halt the decline in vaccination coverage by December 2023."

Past assessments and evaluations have revealed several persisting challenges with NITAGs; notably the management of conflict of interests, the independence of NITAG members, financial resources to support activities, the credibility of their decision-making processes, and the communication mechanisms between NITAGs and decision-makers. NITAGs have expressed the existence of a language barrier when accessing World Health Organization (WHO) guidance and Global NITAG Network (GNN) briefings and publications. However, even when global information is understood, there is still the realization that regionally adapted guidelines from the TAG and neighboring countries in the Region are easier to implement locally than receiving global guidelines from the WHO Strategic Advisory Group of Experts (SAGE) on immunization, and countries outside of the Region with sometimes different health systems and structures.

Based on these findings, the NITAGs expressed the need to create an improved regional NITAG networking system with a digital space to communicate and exchange information and experiences in real time. The initiative for the consolidation of an RNA arose, framed in the vision of the GNN that seeks an environment where NITAG and countries in the Americas easily exchange information on immunization policies and practices, and collaborate with and learn from one another for strong and sustainable EPIs, in languages that are understood by all.

The RNA meeting was therefore an opportunity for NITAGs to come together and reinstate the criticalness of their position and advisory role to help their ministries of health promote vaccination operations, through the development of highly credible policy decisions. More specifically, the main objectives of the meeting were to launch the RNA; train participants in the Grading of Recommendations Assessment, Development and Evaluation (GRADE) framework; train on how to review scientific evidence for the formulation of recommendations; discuss the processes for evidence-based decision-making on immunization issues; and share lessons learned from NITAGs in the Region.

Three major topics discussed during the meeting included:

1. Regional and national NITAG updates, which addressed TAG formulation and recommendations in the last five years; the importance of diversity among NITAG members; past evaluations conducted and new evaluation tools under development; access to advanced courses in vaccinology through the International Collaboration on Advanced Vaccinology Training (ICAVT); experiences of collaboration between NITAG and EPI; and NITAG challenges, opportunities, and next steps.
2. A session on methods for evaluating evidence-based decisions in public health and immunization using the GRADE framework. A group exercise organized with the objectives for participants to formulate a vaccine policy question in the context of their country; identify the types of evidence needed for collection to inform a recommendation; and outline feasible methods and sources for generating the required evidence. This session also included the review of criteria and processes for introducing a new vaccine.
3. The launch of the RNA, which included a background of the network; terms of reference; conflicts of interest, and the introduction of the recently nominated Board members: Drs. Mario Melgar as RNA Chair, Pablo Bonvehí as RNA Co-Chair, and RNA Board members Daniel Stecher, Eduardo Verne, Greta Munoz, Rakesh Bansie, Renato Kfour, Renato Valenzuela, and Tracy Evans-Gilbert.

To date, there are a total of 21 NITAGs that advise 42 countries in the Region, one of them being a subregional TAG for the Caribbean (the CiTAG), which advises English, Dutch, and French-speaking countries and territories. The three most recent NITAGs created are Haiti (2019), Belize (2020), and Suriname (2022). Except for the Dominican Republic and Venezuela (Bolivarian Republic of), all countries have a NITAG. In 2020 and 2021, 20 of the 21 NITAGs reported being active.

According to WHO global standards, a NITAG is considered to have good functionality if: its mem-

bers declare interest; it has formal written terms of references, a legislative or administrative basis, and at least five specialty areas represented within its core membership; and it holds a meeting at least once a year with agendas and materials distributed prior to meetings. In 2020, 18 out of 21 NITAGs met the criteria for good functionality; in 2021, 17 met the good functionality criteria. Indicators that affected NITAG performance were the inclusion of at least five specialty areas within the core membership, and the fact that two NITAGs (Brazil and Haiti) did not meet at least once in 2020 or 2021.

The conclusions and main next steps of the meeting include the importance of developing a short-term action plan with priority activities, namely to: 1) strengthen and formalize the establishment and composition of NITAGs, especially through the development of a legal basis for all countries that lack one; 2) improve the capacity of ministries of health and NITAGs to synthesize systematically and use evidence to inform real-time immunization-related policies and decisions; 3) build a sustainable regional scientific network for NITAGs and ministries of health to exchange research, administrative, and procedural best practices, and lessons learned regarding policy implementation to provide real-time knowledge sharing and improved vaccine decision-making between countries; and 4) secure funding for NITAG activities and human resources in EPIs to ensure the sustainability of NITAG support to Member States. As RNA Executive Board Chair, Dr. Mario Melgar, mentioned: "The RNA will provide many future opportunities, but the scope will depend on all of us." ■

### Samuel Katz, Pediatrician and Developer of the Measles Vaccine, Dies at 95



Samuel Katz, American pediatrician and vaccine researcher, passed away in Chapel Hill, North Carolina, at the age of 95 on 31 October 2022. He had lived a long career in public health, contributing to the development of the measles vaccine that became available in 1963 and is still used today. Dr. Katz resided in Chapel Hill, North Carolina where he supported the Pediatric Department at Duke University School of Medicine. The New York Times published a detailed obituary for Dr. Samuel Katz on 5 November 2022 that expands on his life and illustrious career in public health. ■

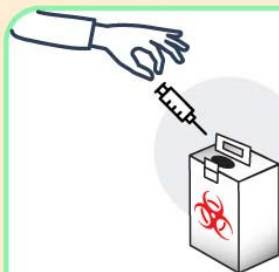
<sup>7</sup> Sandomir, R. Samuel L. Katz, a Developer of the Measles Vaccine, Dies at 95. 5 November 2022, *The New York Times*. Available from: <https://www.nytimes.com/2022/11/05/health/samuel-katz-dead.html>.

# MANAGEMENT AND SAFE DISPOSAL OF COVID-19 VACCINATION WASTE AT HEALTH FACILITY LEVEL

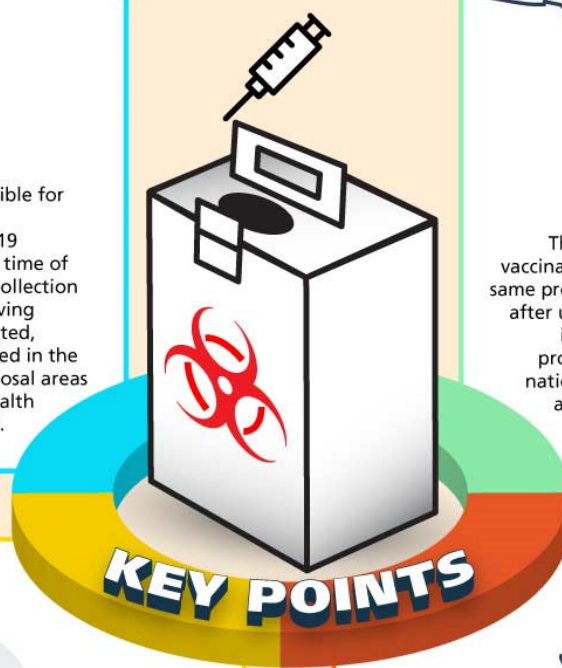
**THE AIM OF THIS JOB AIDE IS TO PROVIDE AN OVERVIEW OF SAFE AND EFFECTIVE WASTE MANAGEMENT AND DISPOSAL PRACTICES FOLLOWING COVID-19 VACCINATION ACTIVITIES AT THE HEALTH FACILITY LEVEL.**



Health workers are responsible for the proper collection and management of all COVID-19 vaccination waste from the time of vaccination to the time of collection for treatment/disposal. Leaving vaccination waste unprotected, improperly packed or marked in the vaccination, storage or disposal areas of the health facility is a health hazard and is unacceptable.



The management of COVID-19 vaccination waste should follow the same procedures as disposal of waste after use of other non-live vaccines in the national immunization programme, in accordance with national regulations and policies, and relevant WHO guidelines.



Effective COVID-19 vaccination waste management includes timely and proper packing, marking, storage, and treatment/disposal of COVID-19 vaccine vials, sharps, and nonsharps waste.



Used and unused COVID-19 vaccine vials (expired or spoiled) should be discarded in red bags as biohazardous waste.

The *Immunization Newsletter* is published four times a year, in English, Spanish, French, and Portuguese, 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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### MONTESANO CASTELLANOS cont. from page 1

In Mexico, collaboration from the team at the Children's Hospital of Mexico, headed by Hilda Alcalá de Negrete in Neuropediatrics and José Ignacio Santos in Infectious Diseases, facilitated important contributions to the surveillance system. Dr. Alcalá became the standard-bearer of national polio surveillance, personally studying more than 400 of the country's latest polio cases with the DGE team.

The AFP surveillance system, along with intensive vaccination and effective and immediate outbreak control, was one of the pillars of the eradication program. It has been used homogeneously throughout the hemisphere, making the Americas the first Region to certify polio elimination in 1994. This surveillance system is currently used worldwide and is the basis for global eradication of the disease. Similar systems for measles and rubella surveillance in the Region of the Americas were developed in subsequent years; and for diphtheria, pertussis, and congenital rubella syndrome in Mexico.

In 1999, I joined PAHO's team of international immunization advisors, where I had the honor of working in the Plurinational State of Bolivia, Nicaragua, Paraguay, Peru, and the Dominican Republic until my recent retirement in January 2022. This was another important stage of learning and challenges where I interacted with national and local country teams. For example, we had to learn and assimilate the different variations of Spanish (I think that in each country up to 20% of the words in common use are different), to the idiosyncrasies and unique perspectives of each system

and its civil service. I must acknowledge that there is a different level of acceptance of international cooperation in each country, so the level of success and satisfaction also varies. However, there are issues of special relevance at this stage that should be mentioned.

First, I learned the important role the Revolving Fund for Access to Vaccines has had and still has in immunization programs in our hemisphere. Since its creation more than 40 years ago, it has been a pillar for strengthening the Expanded Program on Immunization in the hemisphere. It initially offered the vaccines in the basic immunization schedule; later it incorporated vaccines of guaranteed quality, efficacy, and safety with a high impact on public health, at the lowest market cost, making them accessible to all countries.

The fund has been key to the elimination of diseases such as polio, measles, and rubella, as well as for the massive introduction of new vaccines in the vaccination schedules of the Region of the Americas, such as vaccines against rotavirus, influenza, and human papillomavirus. Despite the achievements of the Revolving Fund, external pressures threaten its continuity, making it necessary to secure and maintain the full support of the countries.

The introduction of new vaccines and VPD elimination projects have made the Region of the Americas the leader in immunization. In this aspect we have learned and unlearned, to a greater or lesser degree, in all countries. Both strategies require optimal implementation of all components of immunization programs. Each vaccine and each disease has special characteristics that require

governments, health systems, vaccination teams, and the population to adapt and work together to achieve the expected results.

During my 22 years as a PAHO staff member, I had the opportunity to help control two pandemics related to VPDs: H1N1 influenza in Paraguay and, recently, COVID-19 in Peru. On both occasions we faced special situations. First, international pressure for safe and effective vaccines to prevent infection and serious disease. In this sense, the international scientific community achieved an adequate response: in the case of influenza, by having the methodology, infrastructure, and experience to develop vaccines; and in the case of COVID-19, by using innovative platforms to produce vaccines in record time, making vaccines available about a year after the start of the pandemic. Second, we faced a lack of solidarity and compliance with international recommendations to ensure access to vaccines for those who need them most. Again, despite the initiatives of WHO and the COVAX Facility, the laws of the market determined the distribution of vaccines, to the extent that the African Region – and Haiti in the Region of the Americas – still have only around 10% vaccination coverage in the second half of 2022. We must find international governance mechanisms to ensure the proper production, distribution, and use of vaccines in crisis situations.

During the 40 years of my professional life, it has been an honor and a privilege to work in the field of immunization, accompanied by excellent national and international teams collaborating on the prevention and control of VPDs. ■