“SPEED-UP” CAMPAIGNS IN THE AMERICAS

Siena, Italy
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OUTLINE

• Historic perspective on measles and rubella elimination in the Americas

• Speed-up campaigns: a magnificent vaccination strategy

• Lessons learned and conclusions

• Next steps towards maintaining measles and rubella elimination in the Americas
WE CAME A LONG WAY
“To congratulate all the Member States, their health authorities, their health workers and the communities themselves on their continuing commitment and efforts toward attainment of the historical accomplishment represented by the eradication of poliomyelitis from the Western Hemisphere, as well as other major advances in their immunization programs…

To establish the regional goal of elimination of measles by the year 2000 and urge the Member Governments to make every effort to achieve this goal as soon as possible.”
MEETING OF AD-HOC PANEL OF EXPERTS ON RUBELLA AND MEASLES ELIMINATION

Some members of the expert panel (from left to right): Dr. Carlos Castillo-Solórzano, Dr. Peter Streb, Dr. Louis Cooper, Dr. Stanley Plotkin, Dr. Michael Katz, Dr. Alan Hinman and Dr. Jon Andrus. Washington, D.C., 3 and 4 March 2004.
### Vaccination

- **“Catch-up” campaign; children aged 1 to 14 years**
- **“Keep-up: to maintain coverage ≥95% in the routine program; children aged 1 year**
- **“Follow-up” campaign; preschool-aged children**
- **Introduction of MMR or MR in routine program; children aged 1 year**
- **“Speed-up” campaign in adolescents and adults**

### Surveillance

- **Integrated measles/rubella surveillance**
- **CRS surveillance**
- **Laboratory activities**
  - Serological diagnosis
  - Viral detection/isolation
IMPACT OF MEASLES AND RUBELLA ELIMINATION STRATEGIES IN THE AMERICAS

Confirmed Cases

% Vaccination Coverage

RUBELLA CASES
MEASLES CASES
MEASLES COVERAGE

LAST ENDEMIC MEASLES CASE
LAST ENDEMIC RUBELLA CASE

CATCH-UP CAMPAIGNS FOR MEASLES
SPEED-UP CAMPAIGNS FOR RUBELLA
FOLLOW-UP CAMPAIGNS FOR MEASLES

IMPACT OF MEASLES AND RUBELLA ELIMINATION STRATEGIES IN THE AMERICAS

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DISTRIBUTION OF IMPORTED RUBELLA CASES AFTER INTERRUPTION OF ENDEMIC TRANSMISSION, THE AMERICAS, 2010-2015*

65 RUBELLA CASES
8 CRS CASES

ARGENTINA
BRAZIL
CANADA
CHILE
COLOMBIA
EUA
FRENCH GUAYANA
MEXICO

Source: ISIS, MESS and country reports to FGL-IM/OPS.
* Data as of 31 March 2016.
DEVASTATING CONSEQUENCES OF CRS

Cataract, High Myopia, Severe Deafness

Infant with CRS (3 days old)

CRS with Autism, Mental Retardation

Sensorineural, Profound Deafness

Congenital Glaucoma

Photo credit: Louis Z. Cooper, MD
FIRST MEETING OF THE INTERNATIONAL EXPERT COMMITTEE IN THE AMERICAS (2010)

Seated from left: Isabel Pachón (member), Louis Cooper (member), Merceline Dahl-Regis (president), Mirta Roses (former PAHO' Director), Jose Cassio de Moraes (member), Natasha Crowcroft (member) and Jose Ignacio Santos (member). Standing: Jon K. Andrus (former PAHO's Deputy Director).
Bye-bye, rubella! ¡Adiós rubéola!
HOW DID WE ACHIEVE THE ELIMINATION GOAL?
SPEED-UP CAMPAIGNS:
A MAGNIFICENT STRATEGY
How to get commitment from the governments and donors to financially support the vaccination of nearly the 40% of the Latin American and the Caribbean population?
COST-SAVING INTERVENTIONS

MEASLES

Vaccination strategy costs $1.10/individual

PAHO strategy saves $280 million in treatments

To contain costs to treat
COST-SAVING INTERVENTIONS

RUBELLA AND CRS

Saves $3 billion

Prevented >112,500 cases in Latin America and Caribbean

No more children born with CRS-led birth defects
How to plan, implement and monitor High-Quality Speed-Up Campaigns to vaccinate ~250 million adolescents and adults?
THE TARGET POPULATION...?

• Every country conducted an analysis regarding the susceptible population and the analysis of the burden of disease in the population.

• Some seroprevalence studies were implemented (i.e. Argentina, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Haiti, Mexico, Panama, Peru) to complement the analysis, before and after the campaigns.

• Most of the countries targeted the age group to be vaccinated in adolescents and young adults aged 15-39 years old.
# STAGES FOR SPEED-UP CAMPAIGN: ORGANIZATION, PLANNING, DEVELOPMENT, AND VERIFICATION

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## PLANNING AND ORGANIZATION

### NATIONAL
- Action Plan
  - Guidelines and operative manuals
  - Strategy and communication materials
- Organization
  - Information system

### SUB NATIONAL AND LOCAL
- Training
- Microplanning
- Management resources
- Communication and mobilization

### EXECUTION
- Supply distribution
  - Communication
  - and mobilization reinforcement
- National vaccination campaign
- Launch post-partum vaccination

### EVALUATION
- Coverage verification
- Campaign evaluation
- Final report

## SENSITIZATION, POLITICAL COMMITMENT, AND SUPPORT

## ADVOCACY

## MONITORING AND SUPERVISION

## VACCINATION SAFETY
SPEED-UP VACCINATION CAMPAIGN PHASES

ANNOUNCEMENT

WEEK 1

NATIONAL LAUNCHING

WEEK 2

SOCIAL COMMUNICATION

WEEK 3

CENTRAL DAY

WEEK 4

COMMUNICATION REINFORCEMENT

WEEK 5

ADDITIONAL OPPORTUNITY

WEEK 6

CAPTIVE POPULATION

School
Institutional Labor

Transient populations and places of high circulation

HOUSE TO HOUSE

Fixed and mobile posts

Rapid Coverage Monitoring

COVERAGE VERIFICATION

POST PARTUM AND POST ABORTION VACCINATION
ADOLESCENT AND ADULT RUBELLA VACCINATION “SPEED-UP” CAMPAIGNS

SOURCE: Country reports to FCH/IM

* Includes rubella and measles cases reported to PAHO as of epidemiological week 52/2009

** Countries that implemented “speed-up” campaigns (1st phase) in women only
FINANCIAL SOURCE
FOR RUBELLA CAMPAIGN
PARAGUAY, 2005

- Local financing: 43%
- National financing: 44%
- Other sources: 13%
THREE KEY FACTS OF SPEED-UP CAMPAIGNS
ALTOGETHER
SYNCHRONIZED CAMPAIGNS IN LAC

LARGE IN SCOPE
15-39 YEARS OLD, MEN AND WOMEN

FAST-PACED
BETWEEN 2003-2008
WE MET OBSTACLES
CONFIRMED RUBELLA CASES BY WEEK
BRAZIL, 2000-2008*

Mass campaign, 26 million women 12-39y, 2001-2002, 96% coverage

Speed-up campaign, 65.9 million men and women 20-39y, 96%

n = 15,413

SOURCE: COVRECĐT/DEVEP/SVS/MS

* Preliminary data
ROUTINE MCV1 COVERAGE, MEASLES-RUBELLA ELIMINATION CAMPAIGNS AND CONFIRMED RUBELLA CASES, CHILE, 1997-2009*

- **SPEED-UP CAMPAIGN**
  - 19-29 YR. MEN ONLY, MR 93%

- **FOLLOW-UP CAMPAIGN**
  - 1-4 YR. M 99%
  - 1-5 YR. MR 93%
  - 10-29 YR. WOMEN ONLY R 98%

* Data until EW 52/2009

SOURCE: Country reports to PAHO
CONTRIBUTION OF SPEED-UP CAMPAIGNS IN SUSTAINING MEASLES ELIMINATION

- LAC countries that implemented “speed-up” campaigns in women and men did not re-establish endemic measles transmission, after an importation.

- Brazil, however, is the exception: a ~5% left out during “speed-up” resulted in thousands of susceptible individuals. A “drop by drop transmission” was interrupted, after indiscriminate vaccination of adolescents and adults (5-29yr).
WE LEARN THROUGH EXPERIENCE
STRONG LEADERSHIP
AT THE HIGHEST LEVELS OF POWER

PAN-AMERICANISM
ALL LATIN AMERICAN LOW AND MIDDLE INCOME COUNTRIES DECIDED TO INVEST IN ELIMINATION

IMPLEMENTATION OF SPEED-UP
AS A MASTER STRATEGY TO ELIMINATE RUBELLA AND MEASLES
Lessons learned

Promote a pool of leaders at national, and local level

Build a timeline for planning synchronized, rapid, and massive vaccination strategies

Strategies tailored for conflict areas (violence, armed groups, crisis, etc)
ROADMAP TO DECLARE MEASLES ELIMINATION IN THE AMERICAS
2016-2017

FEB 2016
Request update from countries

APRIL-MAY 2016
Review of the countries’ updates

AUGUST 4-5 2016
Presentation of regional report

SEPTEMBER 2016
Declaration of measles elimination in the Americas

MAY 2017
WHA resolution for global eradication MR goal

SEPTEMBER 2017
Regional Framework for Sustainability

Standardized template
PAHO + IEC
PAHO + IEC
To be presented at PAHO Sanitary Conference (2017)

2012-2015 period
Signed by National Verification Commission

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PARTNERS FOR MEASLES, RUBELLA, AND CRS ELIMINATION
“Any measles vaccination campaign that does not include the rubella vaccine is a missed opportunity”

Ciro de Quadros
THANK YOU