

VWA 2007 GOALS AND STRATEGIES - CENTRAL AMERICA AND SPANISH-SPEAKING CARIBBEAN

Country	Target population	Risk Criteria	Vaccines	Population goal	Type of campaign	Strategies	Other comments
Costa Rica	Adults, older adults, children 0m-1year 3 months	Late schedules for any age.	MMR (1610), DT (2260), review vaccination schedules (15,000). Hepatitis B (500), BCG, Penta, Hib and polio (10000), aPertussis for adults (40,000)	55,000	Campaign focused in increasing coverage of regular program	Capturing at-risk populations at the local level, in each of the different health areas.	Coverage defines needs for vaccines. Other health areas will work other components to support the achievement of coverage, such as RCM.
Cuba	>3 years	Susceptible population	OPV	358,000	Annual	Vaccination in health areas with community participator	
	15-20 years		Measles/rubella	200,000	Follow-up		
El Salvador	<1 year	Municipalities with coverage <95%, borders and marginal urban areas	Penta, OPV, Rotavirus, BCG	3,000	National with priority for high risk areas.	Fixed and mobile posts, intramural house to house, by concentration, captive, schools, universities, etc	Population calculation done based on the objective to vaccinate children in one week of the year (last week of April)
	1 year		MMR, DPT and OPV	3,000			
	4 years		MMR, DPT and OPV	3,000			
	WCBA and pregnant		dT y TT	5,000			
	Students (10-14 years)		MR	100,000			
Guatemala	men and women 9-39 years	Prevalence of rubella and CRS and importation risk for measles	MR	7,300,000	National campaign	Vaccinate indiscriminately all population independent from previous vaccination or disease background.	To start April 13 through May 30 2007, based on Ministry agreement signed by Minister of Health.
Honduras	<1	All children <5 years regardless of polio vaccination background. Initiate and complete schedules with all vaccines	Polio and all vaccines	166,188 (polio)	Additional vaccine doses	Fixed and mobile posts, and house to house. Vitamin A supplementation (99,108 <1 year; 865,020 1-4 years; 16,511 post-partum)	
	1-4 years			865,020 (polio)			
	<5 years	All children under 5, regardless of vaccination status	Polio	693,950			

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Nicaragua	1 year		MMR	40,000	Naciona	De-worming: 2-12 years in each SILAIS. 1,400,000 treatments. Vitamin A: 6 months to 5 years. One dosis to each child. Children 6-11 months: 100,000 UI (2 drops), Children 1-5 years, 200,000 UI (4 drops): 720,000 doses.	
	1-4 years	Booster dose to children with 3 doses of Pentavalent	DPT	50,000			
	<1 year		Penta	70,000			
	boys and girls 10-14 years, WCBA, at-risk groups	Incomplete vaccination schedule	dT	500,000			
Panama	< 5 years	Low coverage areas, high risk, border, difficult access, displaced, indigenous.	All		Vaccination intensification	Strengthen integrated actions in border areas with COR and COL. Catch up campaign with mop up ["house to house", fixed and mobile posts; signs on dwellings, prioritization of districts and surveillance in silent areas for measles and rubella.	
	WCBA		Td				
	<2 years		Influenza				
	>60 years	Captive seniors, population 60+					
	other adults and health workers	Chronic illnesses and health care workers					
República Dominicana	<2 years	Border, at-risk groups (migrant populations, shantytowns), at-risk areas (rural areas, difficult access, low coverage rates)	OPV and Pentavalente	258,000	To complete schedules in at-risk groups	Fixed posts, vaccination to captive population, to persons in the street house to house during weekend. For children under 2 years, Vitamin A and de-worming if available.	Coordination with health units, community and municipal authorities in both countries (border with Haiti) to ensure high social participation in the process.
	12 - 23 months		MR	240,000			
	20-39 years		MR for population not vaccinated during campaign	200,000			