COVID-19

SUMMARY OF THE STATUS OF NATIONAL IMMUNIZATION PROGRAMS DURING THE COVID-19 PANDEMIC

July 2020

PAHO Pan American Health Organization
World Health Organization Americas

Introduction

In December 2019, a new coronavirus (SARS-CoV-2) was identified as the causal agent of a severe acute respiratory illness (COVID-19) in Wuhan, China *(1, 2)*. The virus spread to various countries, and on 11 March 2020 the World Health Organization (WHO) declared a pandemic (*3*).

Both WHO and the Pan American Health Organization (PAHO) have recommended that uninterrupted vaccination be maintained as an essential health service *(4, 5)*. To this end, PAHO's Comprehensive Family Immunization (IM) unit (Family, Health Promotion, and Life Course Department [FPL]), has worked assiduously with the countries of the Region to maintain sound national immunization programs on several fronts, such as the preparation of documents and guidelines for continuing vaccination in the context of COVID-19; monitoring the disease's impact on vaccination coverage; assessing the effects of the postponement of measles vaccination campaigns (Plurinational State of Bolivia, Colombia, Dominican Republic, Honduras, Paraguay) due to the pandemic; and strengthening vaccination against seasonal influenza.

Work has also been carried out to monitor the functioning of immunization services and the main problems they face because of the pandemic. To date, five country surveys have been conducted; the first was sent out on 16 April, the last on 6 July. This document summarizes their main findings and developments.

Methods

The data presented in this publication were collected through a survey, sent every two weeks to IM focal points and advisors in the at PAHO country offices in the Region. The SurveyMonkey virtual platform was used and the data were analyzed with MS Excel tools. All the variables included in the survey were described using the appropriate univariate statistics. Categorical variables were described using proportions and percentages. Ordinal variables were described using the mean and median.

The responses in this report represent the opinions of survey participants, and do not represent reports officially sent or solicited by PAHO; the data should therefore be interpreted with caution.

Data and results

Since the first questionnaire on 16 April, five surveys have been sent to immunization focal points and advisors in the countries. The response rate is shown in the table below:

Date of survey	Countries participating in the survey (Spanish- and Portuguese-speaking)	Countries participating in the survey (French- and English-speaking)	Total
16 April	13	3	16
4 May	16	14	30
20 May	16	17	33
3 June	16	23	39
6 July	16	22	38

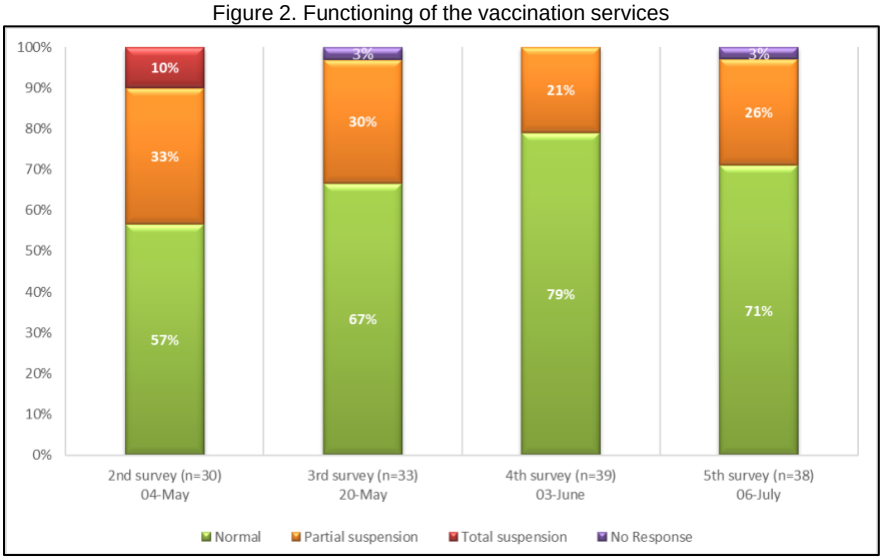
The information presented in this summary represents responses from 38 countries and territories in the Region of the Americas received as of 3 July 2020 and collected in the fifth iteration of the survey. Of these 38 countries, 16 are in Latin America, while 22 are countries in the Caribbean, including Belize, Haiti, Guyana, and Suriname (Figure 1).

Figure 1. Countries participating in the survey

Lockdown status and supply of vaccination services

As the lockdowns in the countries of the Region have become less strict, regular vaccination services have increased. All respondents reported that vaccination services were open (Figure 2).

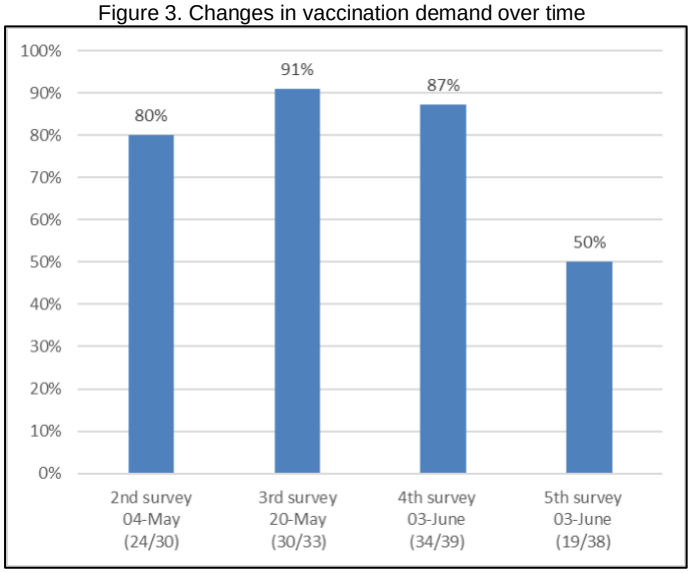
Figure 2. Functioning of the vaccination services



Demand for vaccination services

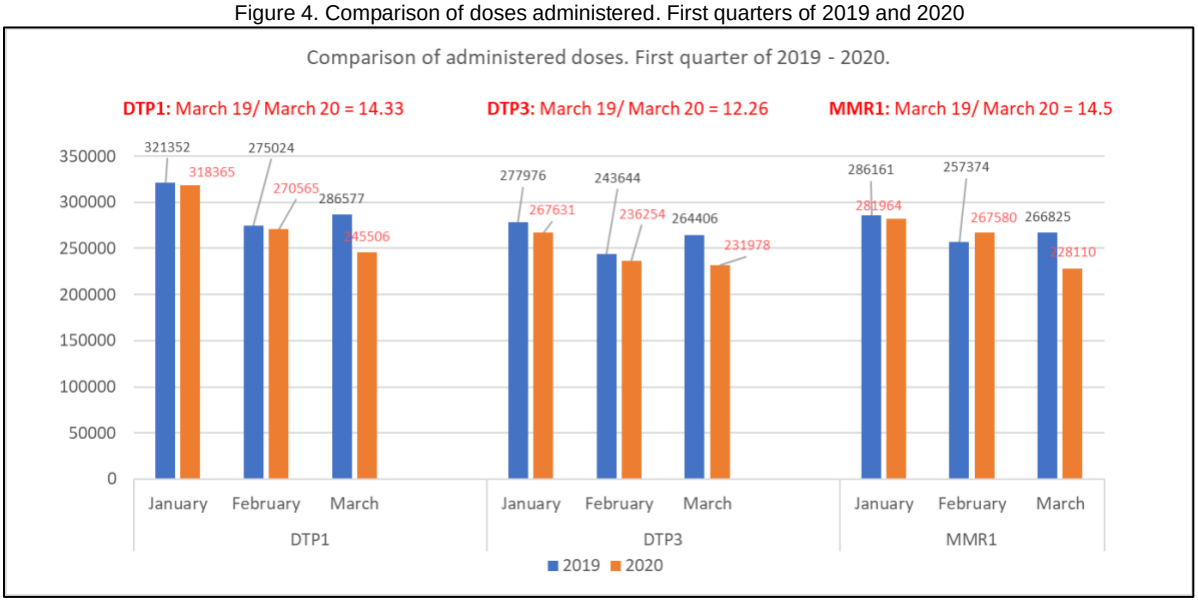
Although the supply of services has improved, the COVID-19 pandemic and containment policies in the countries of the Region have affected the demand for vaccination services (Figure 3). The main cause cited for decreased demand has been people's concern about the risk of exposure to COVID-19 if they seek vaccination services. Other causes include difficulties due to limitations in public transport, and to lockdown or physical distancing. These are consistent with the results of a similar survey conducted by WHO (*6*).

Figure 3. Changes in vaccination demand over time



Similarly, the number of doses of DTP1, DTP3, and MMR1 vaccines administered to children showed a decrease compared to the same period last year, particularly in March (Figure 4).

Figure 4. Comparison of doses administered. First quarters of 2019 and 2020



Source: Reports from 23 countries with subnational data for 2019 and 2020. Data received as of 31 May.

Vaccination strategies

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The countries of the Region have implemented various innovative strategies to continue vaccinating the population, including institutional drive-through vaccination, mobile vaccination centers, and vaccination in homes; vaccination with prior appointment or based on a person's gender or identity card number; vaccination in strategic locations; and follow-up vaccination using the electronic immunization registry (EIR). At the same time, countries have maintained social networking and digital media communication strategies to emphasize to the population the importance of immunization during a pandemic.

Delayed campaigns

PAHO has been closely monitoring the postponement of measles vaccination campaigns due to the COVID-19 pandemic in five countries (Plurinational State of Bolivia, Colombia, Dominican Republic, Honduras, and Paraguay). Brazil, Chile, and Mexico continue to study the possibility of

resuming their campaigns by late 2020. Similarly, the Plurinational State of Bolivia and Colombia have delayed their yellow fever vaccination campaigns.

Supplies and syringes

Eighteen countries (47%) responded that they had encountered difficulties in the delivery of vaccines and supplies for national immunization programs (NIPs) (Figure 5). Of these 18 countries, 16 reported problems with vaccine delivery and five reported problems with other supplies such as syringes. Countries also indicated that these difficulties were due to the closure of international borders and to problems with international transport (Figure 6).

Figure 5. Problems in the delivery of vaccines and supplies

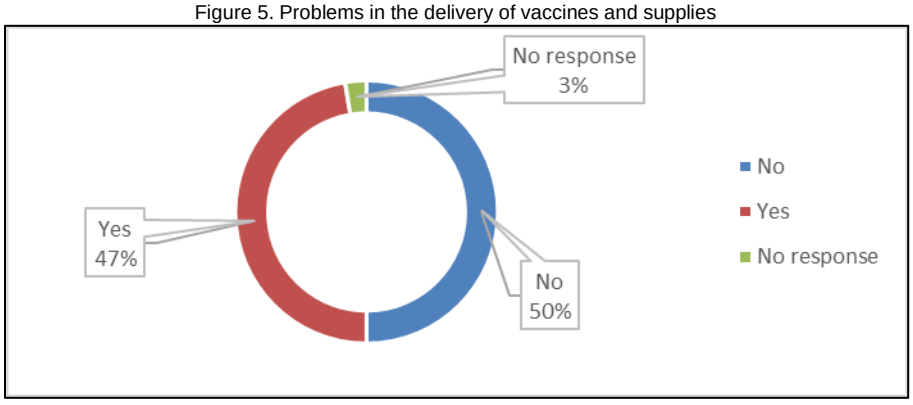
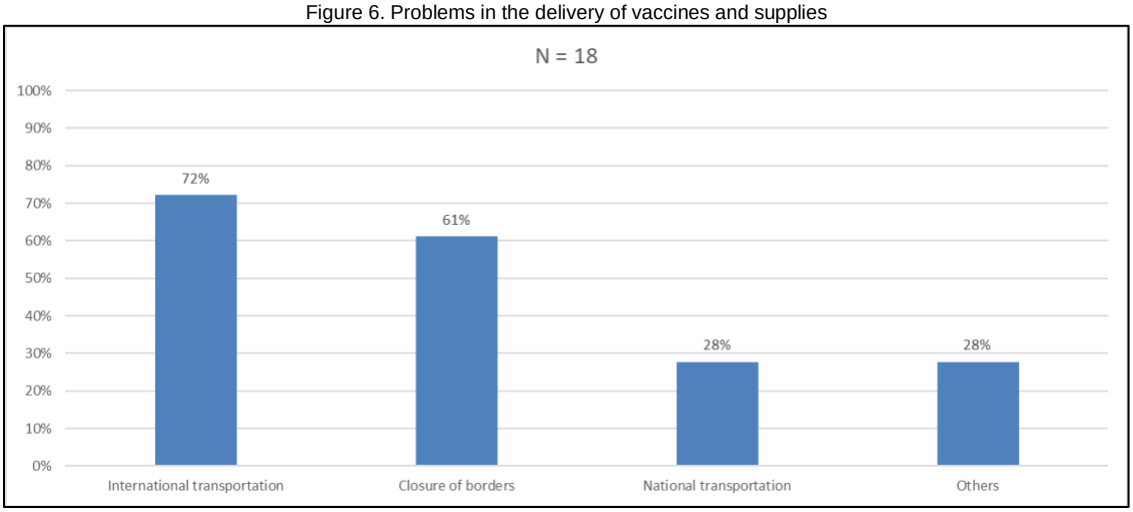


Figure 6. Problems in the delivery of vaccines and supplies

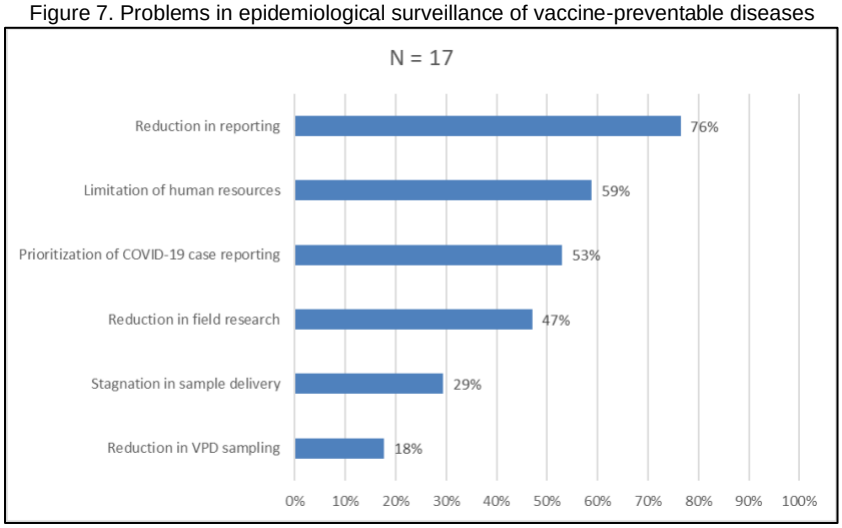


Surveillance of vaccine-preventable diseases

Seventeen countries have reported that epidemiological surveillance has been affected by the pandemic; in most countries, this is due to the change in priorities, which have focused on SARS-CoV-2 cases. Countries also indicate that case reporting has decreased significantly.

Other factors hindering epidemiological surveillance include limited human resources, reduced field investigations and screenings for vaccine-preventable diseases (VPDs), as well as a halt in the shipment of samples for analysis (Figure 7).

Figure 7. Problems in epidemiological surveillance of vaccine-preventable diseases

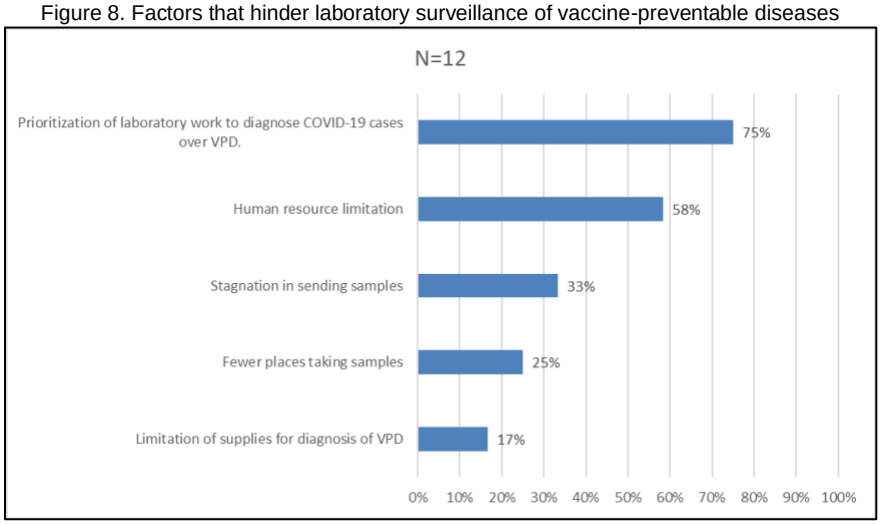


As of the date of the fifth survey, six countries in the Region (Argentina, Brazil, Guatemala, Haiti, Mexico, and the Bolivarian Republic of Venezuela) were reporting outbreaks of VPDs, with some involving more than one disease.

Laboratories for the diagnosis of vaccine-preventable diseases

Of the 38 countries that responded to this survey, 12 emphasized that laboratory services and activities to support surveillance of VPDs have been affected. The main reason for this disruption, as with surveillance, has been the prioritization of work aimed at diagnosing COVID-19 cases (Figure 8).

Figure 8. Factors that hinder laboratory surveillance of vaccine-preventable diseases



Conclusion

The countries report that as lockdown policies have declined and relaxed, the supply of vaccination services has improved. Unfortunately, there has also been a decline in demand, with a consequent reduction in vaccination coverage and an increase in existing gaps.

Thus, it is important that countries continue to implement innovative measures and strategies to reach those who have not been vaccinated. This should be accompanied by plans and guidelines aimed at closing the gaps, including more initiatives in social communication. It is necessary to transmit messages to the population regarding the importance of immunization in keeping people healthy and protected from VPDs.

References

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