

Group 3

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Objectives: To share experiences and barriers to adult vaccination in Latin American countries

1. Situation of EPV in adults and older adults

In all Latin American countries, majority of older adults have chronic diseases and in most countries chronic diseases are the leading cause of death in people aged 60 years and older.

As for infectious diseases, the most prevalent in terms of severity and hospitalization are pneumonia and influenza. Currently in some countries, the increase in cases of dengue and the emergence of diseases such as Chikungunya and Zika are present.

2. Strengths

All Latin American countries have a specific vaccination program for adults and seniors.

All Latin American countries have an official budget for their vaccination programs.

In all Latin American countries, the following vaccines are included in the vaccination program:

- Td
- Polysaccharide Vaccine 23-valent

Some countries have included Tdap and other have included pneumococcal conjugate vaccine 13-valent. Some countries also have included the HB vaccine.

In the private sector some additional vaccines, which are not available in the public sector are implemented, but its impact on vaccination coverage is limited.

3. Barriers

The general population is not aware of the importance of prevention in adulthood; therefore, demand for immunization is often low.

In the public sector, information on epidemiological data of the EPV in the adult population is limited or absent, not enough is known about the burden of disease in older adults.

The supply of vaccines is often insufficient and inappropriate interventions for vaccination, such as influenza. The problem of vaccine shortage affects both the public and private sectors.

Since there is no awareness of the need for vaccination, there is not great demand in service.

4. There are some successful adult vaccination practices in each country. In Latin America the only successful practice for adults has been with the TD vaccine, although there has been improved coverage for influenza and pneumococcal vaccine, the general vaccination coverage remains low.

5. Recommendations

- a) Public Sector assume its responsibility in improving vaccination coverage
- b) Lack of awareness of public health managers in encouraging vaccinations for older adults in the general population
- c) Limited informational data on vaccine-preventable diseases (VPDs) and ignorance of the burden of EPV
- d) Lack of coordination of the various public health programs, which could be used to make contact with the general population to promote adult vaccinations and vaccines
- e) Adherence to global vaccination recommendations and adapting or modifying those recommendations to older adults in a variety of countries

6. EPV Epidemiological situation in each country

a) Colombia:

Chronic diseases remain the leading cause of death in people aged 60 years and older. Hospitalization due to Zika, dengue, chikungunya, respiratory pneumonia disease, influenza, herpes zoster, hepatitis B and tetanus (mortality)

Vaccines are available: Pneumococcal 23-valent and conjugate, influenza and Td.

- b) Nicaragua: chronic obesity, diabetes, alcoholism, pneumonia with or without co-morbidities (8th leading cause of death in the population), >47% of hospitalization due to pneumonia

Vaccines; Td, influenza, pneumococcal vaccines, influenza in pregnant women and people aged 65 years and older – Influenza vaccine information has been decreasing and coverage has dropped due to lack of supply. In El Salvador and Panama (Influenza, pneumococcus and hepatitis B) vaccines are free. In

Dominican there are no adult and older adult vaccination programs.

C) Venezuela: Influenza, pneumococcal 23-valent and Td provided by the public sector and Hb is available. Adult vaccinations is not a perceived priority and Influenza has no marked seasonal behaviour as in other Latin American countries, so it is not seen as a public health problem. Coverage of Influenza is very low. There is no data on the incidence of pneumococcal in the population and no Influenza impact assessments or work absences.

Urban population is greater than 95%, the population aged 65 years or older is about 6-7%.

For more than 6 months there has been no private level distribution of vaccines. In the public sector there purchase of vaccines from the Revolving Fund has not been renewed.

Since there is no awareness of the need for vaccination there is no demand for them.

- c) Brasil: chronic morbidities are common in older adult, making pneumonia vaccination very important. Pneumonia vaccination program has been developed. Since 1988 the Influenza vaccine was introduced to the public sector in Sao Paulo and in 1999 in the national public program. Target coverage is 50%. The Campaign is financed by the government and is carried out in May

Pneumococcal: 23 valent, for risk target groups

Td is used universally, when TdaP

Yellow fever is applied in risk zones, the patient

Herpes Zoster: only in the private sector

México:

7. Successful adult vaccinations in each city
- f) Public Sector assume its responsibility in improving vaccination coverage
- g) Lack of awareness in public health to stimulate adult vaccination in the population
- h) Limited information in EPV data and disregard the burden of EPV
- i) Lack of coordination
- j) Adherence to global vaccination recommendations and adapt these recommendations to older adults in variety of cities in Mexico