

#### **Puerto Rico Immunization** Program in collaboration with **Voces**

Immediate island-wide disaster response immunization initiative for Puerto Rico after hurricane María











## VOCES COALICYCIEWE VACUNACIÓN E

## NonProfit Organization

A 501C3 organization established in 2013 that brings together over 40 entities and individuals from the health field in Puerto Rico.

#### **Mission**

Raise awareness and educate about the importance of disease prevention and promote immunization as the main way to prevent diseases that can affect the quality of life and health of the population in Puerto Rico.

### Aftermath of Hurricane María

- limited access to food and safe water
- poor sanitation
- increased risk of infectious disease transmission
- interruption of health services
- unattended chronic disease patients
- collapse of infrastructure



#### PREVENT TRANSMISSION

of contagious diseases and save lives through immunization.

#### **INCREASE FLU VACCINATION LEVELS**

in infants, children, adults, pregnant women, seniors 65+ with chronic diseases and other vulnerable groups throughout the island.

+ PR has lowest adult vaccination rates when compared to USA territories and states.

#### **INCREASE KNOWLEDGE**

of flu risk factors and prevention methods in population with chronic diseases.



#### Stakeholders















Mi Salud (Health providers support through volunteers and participant recruiters)

- -TRIPLE S Reforma
- -MMM-Reforma
- -First Medical -Reforma
- -Molina Reforma
- -MCS
- United Way (Volunteers for Vaccine Registration Area)

- College of Medical Surgeons (doctors to administer vaccines and for observation area)
- American Academy of Pediatricians (Pediatricians to administer vaccines)
- School of Pharmacy (Volunteers for Registration Area)
- College of Nurses of PR
- Droguería Betances
- Droguería Cardinal Health
- Neighborhood Pharmacies Assoc.
- Brigadas Salubristas
- UPR- Medical Sciences Campus

#### CDCF ESTABLISHED

## targets



105 ACTIVITIES



42,500
ADMINISTERED
VACCINES



350 VX/ACTIVITY

#### DRIESTABLISHED

## target

Fluzone

20,000

**Afluria** 

2,640

Prevnar13

13,200

Adacel

9,400

**Flublok** 

22,500

1,000

**Engerix-B Pneumovax23** 

13,200

Boostrix

**500** 

82,440



## Strategies

- Vulnerable communities
- Schools
- Mass impact events

# OUTCOMES

42,626

ADMINISTERED CDCF
VACCINES

46,241
ADMINISTERED DRI
VACCINES

## CDCF Outcomes



Activities

**Expected goal:** 105

Achieved: 468

445%



Vaccines

Expected goal: 42,500

Achieved:

42,626

100%



Vx/activity

Expected goal: 350

Achieved: 91

26%

#### DRI

## outcome

Administered vaccines

Fluzone

10,103

Afluria

100

Prevnar13

8,378

Flublok

11,004

28

**Engerix-B Pneumovax23** 

7,681

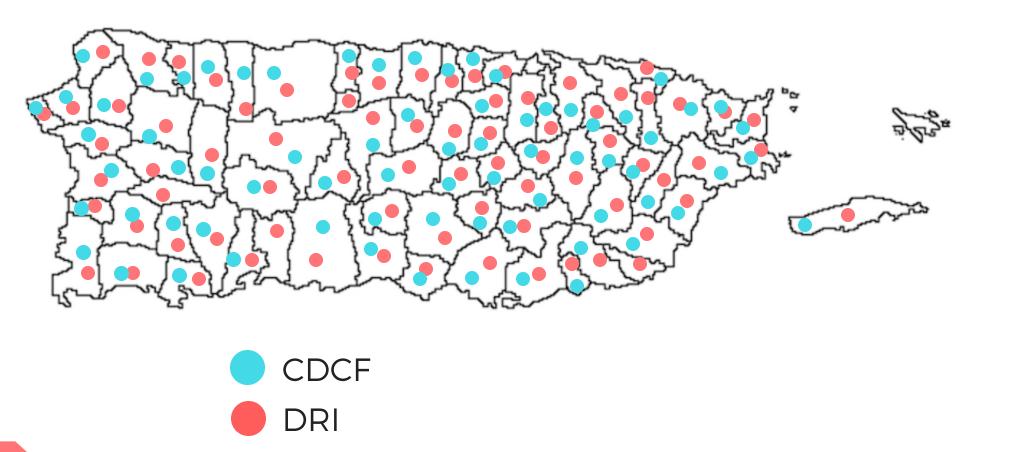
Adacel

8,471

**Boostrix** 

476

## 77 municipalities impacted 88,867 vaccines administered















#### 164+ Vulnerable communities & other activities

## 185 Schools



























# 107+ Mass impact events











## 45+ Collaborations

## GRAND TOTAL

Christia

88,867

ADMINISTERED CDCF & DRI VACCINES

## Capacity building

Educated over 600 health professionals on diverse immunization topics.





#### Success factors

- Media
- Teamwork
- Established processes and protocols
- Flexibility to attend needs of the population and unforeseen situations
- Alliances and collaborations and providing additional basic needs to the population
- Stretching the budget and resources
- Maximizing with simultaneous events

















# >\$800k in-kind publicity

# Lessons and recommendations for the future

- Collaboration with stakeholders is fundamental for success.
- Flexibility to respond to unexpected scenarios as a result of the disaster.
- Added value: attending basic needs & services.
- Media and Communications: going back to basics
- Precision of GPS locations or directions to access sites.
- Integrate social media networks.
- Build a stronger team base with a stronger budget that allows for increased outreach and impact
- Coordinate simultaneous vaccination activities within same geographical location.
- Costs to deliver and pickup vaccines at events needs to be budgeted.

## Lessons learned

## Best practices

- Organizational processes: Internal,
   Subcontractors & Collaborators
- Distribution of territories among coordinators
- Nursing/registration staff training
- Templates & Live-sharing online reports
- Collaborations: government,
   NGOs, private sector, community
   leaders, religious groups, etc.
- Inclusion of other vaccines to attract more people
- Diversity of location and impact groups
- Maximize diverse channels of promotion & communication
- Routinely verifying patients' online vaccination history.

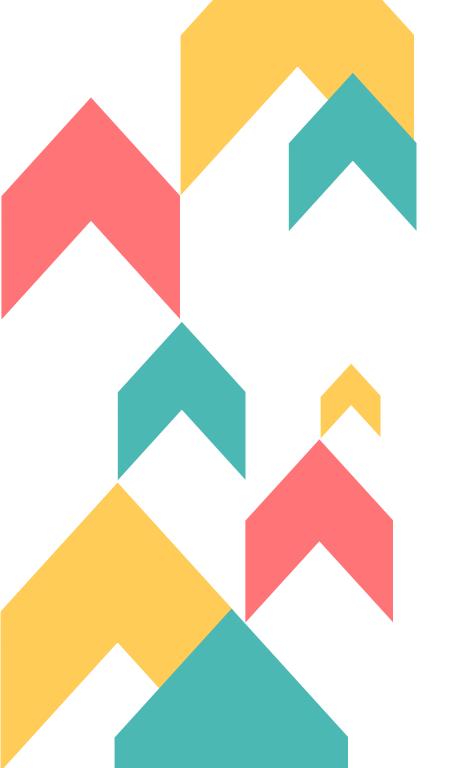
# Monitoring and documenting

- PRDOH data entry personnel assigned to Voces for PRIR updating
- Weekly progress reports
- Event closing reports certified by Ms.
   Nuria Soto (PRDOH)
- Continuous communication with the CDCF team members and PRDOH

- Exceeded goals & objectives

   Contributed to prevent flu
   epidemic and fewer deaths
   associated to flu
   Contributed to people's
   knowledge of flu
- Impacted vulnerable communities and new vaccinees
- Forged new alliances and collaborations related to relief efforts
- Opportunities for greater impact

## Summary



#### The VOCES team



With support from Jivanny Díaz Edaliz Ferrer Wilfredo Torres Dr. Antonia Coello Novello

## thank:



