OBJECTIVE: To describe baseline vaccination and growth and development coverage in early preschool-age children.

METHODS: Baseline data from a deworming trial in Peru

- **Study location**: Iquitos - Highly parasite-endemic area in the Peruvian Amazon
- **Study population**: Children age 12 to 13 months at baseline
- **Previous attendance not required**
- **Socio-demo-epi outcomes**: Questionnaire administered to mothers at baseline
- **Information on previous CRED attendance, vaccinations to date (verification from medical records)**


- Mean number of CRED visits before enrolment: 7.6 (SD ±3.5) (range 0 to 13)
- No previous CRED visits: 3.6%
- MMR vaccine: 78.4% → 34.6% received prior to baseline visit; 43.8% appointment scheduled
- Other vaccines completed according to schedule → BCG – 94.8% → Hep B – 87.0%
- Polio – 91.6% → Pentavalent vaccine – 91.3% → Rotavirus – 85.5%
- Pneumococcal – 36.1% - 3 doses; 58.4% - 2 doses

CONCLUSIONS:
- Among study participants - high attendance at CRED visits and high coverage of vaccines scheduled previous to 12 months
- Lower vaccination coverage (~ 1/3) for 12-month vaccines (MMR, Pneumococcal)
- Both community and health-centre based interventions should try to reach children as close to 12 months of age as possible (earliest time at which deworming can be given)

FUTURE RESEARCH: Data collection for the RCT on benefits of deworming (timing and frequency) on growth and development in children 12 to 24 months of age was completed in August 2013 (NCT01314937). Follow-up data are now being analyzed. Associations between baseline characteristics of health interventions and outcomes at 18 and 24 months will be explored.