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GHANA INTRODUCES SIMULTANEOUSLY PCV AND ROTAVIRUS VACCINE
30/04/2012 from Crepin Hilaire Dadjo (WHO/IST West Africa), Samuel Ajibola (WHO/AFRO) and Stanley Dieng (WHO Ghana Office)

On 26 April 2012 Ghana became the first African country to simultaneously introduce pneumococcal and rotavirus vaccines in its national immunization programme in a bid to fight pneumonia and diarrhoeal diseases, two of the top world’s biggest childhood killers.

In Ghana, each of these diseases accounts for approximately ten per cent of under-five deaths and treating rotavirus diarrhoea only costs the country an estimated US$ 3.2 million per year.

“Today is a great day for Ghanaians as we have the opportunity to improve the lot of our children, who are our greatest resource. The future of our country lies in our children”, said the First Lady of Ghana, Dr Ernestina Naadu Mills, at a colourful ceremony in Accra. The First Lady also gave one of the first rotavirus vaccine doses at the launching event attended by hundreds of participants gathered at Independence Square to celebrate this historic landmark in public health.

The First Lady was joined at the launch by the WHO Deputy Director General, Dr Anarfi Asamoah-Baah; the Coordinator of the WHO Inter-Country Support Team for West Africa, Dr O. Walker, representing the WHO Regional Director for Africa, Dr Luis Sambo; the Chief Executive Officer of the GAVI Alliance, Dr Seth Berkley; Ghana’s Minister of Health Mr Alban Bagbin; UNICEF Country Representative in Ghana, Dr Ibabo Olosho, among other international guests.

In his remarks, Dr Asamoah-Baah praised Ghana’s “bold” decision to introduce the two vaccines at the same time and spoke of the phenomenal progress Ghana had made over the years in immunization coverage – from a national coverage of 4% with just one antigen in 1985 to a national coverage of 90% with nine antigens in 2012. He attributed this progress to the commitment of the government of Ghana; the leadership and vision of Mr Alban Bagbin; UNICEF Country Representative in Ghana, Dr Iyabode Olosho, among other international guests.

Representing WHO Regional Director for Africa, Dr Walker recalled that the introduction of PCV and rotavirus vaccine is being done within the context of the African Vaccination Week (23-28 April 2012), which coincides with the first ever World Immunization Week, being celebrated from 21-28 April 2012.
SPECIAL REPORT ON THE FIRST WORLD IMMUNIZATION WEEK
30/04/2012 from Hayatee Hasan, WHO HQ

Over 180 countries across the world participated in the first ever World Immunization Week with the theme ‘Protect your world: Get vaccinated’. The WHO-led initiative, which took place from 21-28 April 2012, focused on raising awareness and encourage people everywhere to protect themselves and their families against vaccine-preventable diseases. In this rapidly globalizing world, disease outbreaks can affect communities everywhere.

Watch our 30-second public service announcement on the World Immunization Week which was disseminated widely and aired on CNN International in the lead up and during the Week. The video is available in six languages at this link.

Read more about the World Immunization Week. Don’t forget to click on the links to the regional Immunization Weeks to see what countries in the various regions have implemented.

Partners also supported World Immunization Week. UNICEF Executive Director, Anthony Lake recorded a video message urging support for immunization efforts. Read GAVI CEO Seth Berkley’s blog. The Bill and Melinda Gates Foundation also announced the call for the next Gates Vaccine Innovation Award with nominations being accepted from 24 April 2012. And Bill Gates Sr. participated in the immunization week event in Honduras and he will chronicle his experience learning about Honduras’ success in photos and a blog post.

WHAT COULD YOU PROVE WITH $100,000?
GATES FOUNDATION SEEKS BOLD NEW IDEAS TO OPTIMIZE IMMUNIZATION SYSTEMS
30/04/2012 from Alexandre Pascutto, WHO HQ

Calling everyone with good ideas: engineers, public health professionals, designers, entrepreneurs, students, inventors, nongovernmental organizations, scientists. Please share this announcement with your networks and colleagues. There are only a few weeks left—the deadline is 15 May 2012.

The Bill & Melinda Gates Foundation Grand Challenges Explorations grant programme is offering US$100,000 grants to help prove the potential of innovative approaches to optimize immunization systems. Anyone with a good idea is eligible to submit a two-page proposal. Successful projects may be eligible for additional funding up to US$ one million.

Priority areas for funding
• Vaccine product characteristics: How can we improve vaccine products for use in low-resource settings and make it easier for decision-makers to select products that will meet their needs?
• Supply system design: How can we make vaccine logistics more efficient, cost-effective, and reliable?
• Environmental impact: How can we minimize waste, energy use, and environmental impact in vaccine supply systems?
• Information systems: How can we take advantage of information technology in vaccine supply systems?
• Human resources: How can we better train and mobilize human resources?
• Vaccination acceptance: How can we increase understanding about the importance of immunizations?

The future of immunization supply systems
The call for proposals builds on work facilitated by Project Optimize—a collaboration between PATH and the World Health Organization—to develop a common vision for the future of immunization supply systems and logistics.

The submission deadline is 15 May 2012. For any questions, please email or visit the websites linked below.

For more information
Gates Grand Challenges Explorations call for proposals
The Gates Grand Challenges Explorations programme
Project Optimize
Technical Information

PRIMARY CONTAINER ROUNDTABLE
30/04/2012 from Cecily Stokes-Prindle, Johns Hopkins University

How many doses should go in a vaccine vial? It seems like a pretty mundane question, but it is actually one with potentially major impacts on vaccine systems in low and middle-income countries. Furthermore, it is a question that until recently has gotten far less attention than it deserves. In recognition of the growing importance of this issue, and the need for the viewpoints of many stakeholders to be considered, the International Vaccine Access Center at Johns Hopkins is convening a roundtable of worldwide experts in Washington, DC on 9-10 May 2012 to review the available evidence and develop a framework for improving decision-making.

This meeting will be a forum for leading experts to review and synthesize the evidence regarding vaccine container size and type and to describe the potential impact that container decisions may have on the vaccine introduction and delivery process. The framework developed at the meeting will guide decision-makers in identifying key stakeholders and their preferences, key characteristics of the final product, and information needed to weigh trade-offs in the decision. The framework will also highlight gaps in the evidence relevant to primary container decisions. For more information or further questions, please contact Lois Privor-Dumm, IVAC Director of Alliances and Information.

NEW PLAN TO CONTROL AND ELIMINATE MEASLES AND RUBELLA
30/04/2012 from Hayatee Hasan, WHO HQ

A new global strategy aims to reduce measles deaths and congenital rubella syndrome to zero. The strategy comes with the publication of new data using a state-of-the-art methodology showing that efforts to reduce measles deaths have resulted in a 74% reduction in global measles deaths, from an estimated 535,300 deaths in 2000 to 139,300 in 2010.

Through increased routine immunization coverage and large-scale immunization campaigns, Sub-Saharan Africa made the most progress with an 85% drop in measles deaths between 2000 and 2010. Since 2001, the Measles & Rubella Initiative (formerly the Measles Initiative) of which WHO is a founding partner has supported countries to vaccinate more than one billion children against measles.

“A three-quarters drop in measles deaths worldwide shows just how effective well-run vaccination programmes can be,” says Dr Margaret Chan, WHO Director-General. “Now we need to take the next logical step and vaccinate children against rubella, too.”

The newest data, published in the Lancet on 24 April 2012, underscores that progress in reducing measles deaths was especially strong from 2001 to 2008. However, when investment and political commitment to measles control faltered in 2008 and 2009, many children were not immunized. Measles came roaring back and caused large outbreaks in Africa, Asia, Eastern Mediterranean and Europe. In 2010, an estimated 19 million infants — mostly in sub-Saharan Africa and South-East Asia — did not receive measles vaccine.

However, experience and success in the past, including the elimination of measles and rubella from the Americas, demonstrates that the vaccination strategies work. The Measles & Rubella Initiative is backing a new 2012-2020 Measles & Rubella Strategic Plan. The Strategic plan presents a five-pronged strategy to cut global measles deaths by at least 95% by 2015 compared with 2000 levels and to achieve measles and rubella elimination in at least five WHO regions by 2020.

The strategies include: high vaccination coverage; monitoring spread of disease using laboratory-backed surveillance; outbreak preparedness and response and case management; communication and community engagement; and research and development. For more information, go to this website.
Global Immunization News

NEW! INFORMATION SHEETS ON VACCINE REACTION RATES AVAILABLE ONLINE
30/04/2012 from Philipp Lambach, WHO HQ

To help strengthen the capacity to introduce vaccines in Member States, WHO has published WHO Information Sheets on Observed Rates of Vaccine Reactions to provide details on selected vaccines that are relevant to the analysis of reported events.

The information sheets aim to provide details on observed rates of vaccine reactions of selected vaccines and have been developed with the Global Advisory Committee on Vaccine Safety (GACVS). They can be used in the evaluation of Adverse Events Following Immunization (AEFI) reported during national immunization programmes, but also in preparing communication materials about specific vaccines. Primarily, the information sheets are designed for use by national public health officials and immunization programme managers but may appeal to others interested in such information.

Currently, three information sheets have been made available. The website will be continuously updated as information sheets on additional vaccines become available. To receive a notification on upcoming information sheets please send an email to this address.

EFFORTS TO ERADICATE POLIO AT SERIOUS RISK OF FAILURE UNLESS ADEQUATE RESOURCES ARE IDENTIFIED
30/04/2012 from Hayatee Hasan, WHO HQ

The emergency action plan to put polio eradication efforts back on track in Afghanistan, Nigeria and Pakistan was discussed at length during the meeting of WHO’s Strategic Advisory Group of Experts on immunization (SAGE) held from 10-12 April 2012 in Geneva.

SAGE was seriously alarmed by the polio eradication funding gap for 2012-13, especially given the recent declaration at the WHO Executive Board that completing polio eradication was a public health emergency of the highest priority. Furthermore, the gap in financial resources comes at a crucial time when there is heightened political commitment from the Governments of Afghanistan, Nigeria and Pakistan and the number of polio cases and polio infected countries is at the lowest level ever. SAGE further noted that in many of the poorest countries, resources utilized for polio programmes were supporting the broader immunization effort and this too may be jeopardized if funds cannot be found.

“Loss of this opportunity to eradicate polio would be extremely tragic and unacceptable and a waste of the considerable investment already made in polio eradication with consequences for all of immunization activities, especially in the poorest countries. Any diminution of polio eradication activities due to a lack of funds is completely unacceptable. We urge all governments and partners to act immediately to meet the polio eradication funding needs if we are to wipe out this crippling disease,” warned SAGE.

To read the full story, go to this webpage.
Technical Information

WHO STRATEGIC ADVISORY GROUP OF EXPERTS (SAGE) ON IMMUNIZATION: REQUEST FOR NOMINATIONS
30/04/2012 from Philippe Duclos, WHO HQ

WHO is soliciting proposals for nominations for current vacancies on its Strategic Advisory Group of Experts (SAGE) on immunization. Nominations should be submitted no later than 29 June 2012. In view of the current SAGE membership, nominations are solicited for experts from the African, American, Eastern Mediterranean, and Western Pacific regions. Nominations will then be carefully reviewed by the SAGE membership selection panel, which will propose the selection of nominees to the WHO Director-General for appointment.

SAGE is the principal advisory group to WHO for vaccines and immunization. SAGE reports directly to the Director-General and advises WHO on overall global policies and strategies, ranging from vaccine and technology research and development, to delivery of immunization and its linkages with other health interventions. Its remit is not restricted to childhood immunization but extends to all vaccine-preventable diseases as well as to all age groups. Please see this link for further information.

Members are acknowledged experts with an outstanding record of achievement in their own field and an understanding of the immunization issues covered by the group. Consideration is given to ensuring appropriate geographic representation and gender balance.

Instructions for nominations are available at the following link.

COLD CHAIN LOGISTICS TASKFORCE (CCLT) UPDATE
30/04/2012 from Osman Mansoor, UNICEF

While the planet is warming, we need to continue to keep our vaccines cold. Adoption of solar-powered technologies for vaccine cooling provides an opportunity to both decrease consumption of fossil fuels while also adopting technologies designed to prevent freezing temperatures in the vaccine cold chain. Recently, new solar vaccine refrigerators that eliminate one of the two major problems with previous solar systems—the battery - have been approved by WHO Performance Quality Safety (PQS). Ice works well as a store of energy in these models.

The CCLT is inviting participation in a 'Solarization' Group to help advance this agenda. Solarization will also be one of the agenda items for a technical consolation that the CCLT is holding on 17-18 May 2012, immediately following the Global NUVI meeting (15-17 May) in Marrakech, Morocco. Please contact Dmitri Davydov if you wish to contribute to the Solarization Group or the technical consultation. The technical consultation will also aim to reach consensus on systematic temperature monitoring and system optimization.

NEW VACCINES PREQUALIFIED
Lifting of suspension of supply of vaccines manufactured by BB-NCIPD, Bulgaria and distributed by Intervax.

Following WHO assessment of the satisfactory completion of actions by BB-NCIPD to improve its quality system and compliance with standards of Good Manufacturing Practice, the temporary suspension of supply through UN procurement agencies of all BB-NCIPD vaccines has been lifted. For more information, click on this link.

New Publications

WHO CONSULTATION OF ORAL CHOLERA VACCINE (OCV) STOCKPILE STRATEGIC FRAMEWORK: POTENTIAL OBJECTIVES AND POSSIBLE POLICY OPTIONS (WHO/IVB/12.05)

This IVB document is now online. The WHO Initiative for Vaccine Research organized a meeting jointly with the WHO Global Task Force on Cholera Control to examine the feasibility of a global stockpile for OCVs. Having major stakeholders agree to the objectives and scope of an OCV stockpile is a critical first step towards its establishment. The objectives of this meeting were therefore to (1) Review and discuss potential objectives of an OCV reserve and stockpile and to explore questions related to the motivation for creating a stockpile; (2) Provide a landscape of the cholera vaccines currently available and those in the pipeline cholera vaccines; (3) Discuss key concepts and issues policymakers must address prior to actual development of an OCV reserve and stockpile.
Technical Information

New Publications

GLOBAL VACCINE SAFETY BLUEPRINT - THE LANDSCAPE ANALYSIS (WHO/IVB/12.04)

This IVB document is now online. Global vaccine safety blueprint is a WHO strategic document that proposes new approaches for strengthening vaccine pharmacovigilance systems in low- and middle-income countries. The Blueprint was written based on findings from a survey of global vaccine safety stakeholders, a report on SWOT analysis of ongoing global and inter-country vaccine safety initiatives, a survey of regulators from producing and procuring countries, a survey of vaccine manufacturers, a baseline assessment of the vaccine safety systems from in 11 countries participating in WHO’s a global post-marketing surveillance network, an analysis of NRA assessment data and financial assessment of a sample of national vaccine safety systems and of existing vaccine safety initiatives. This landscape analysis was done in 2010-2011 to generate accurate, meaningful, up-to-date, and actionable information on current opportunities and challenges in vaccine safety across the world.

WHO POSITION PAPER ON PNEUMOCOCCAL VACCINES

An updated WHO position paper on pneumococcal vaccines was published in the WHO Weekly Epidemiological Record on 6 April 2012. The revised position paper in English and French is available online. A summary of the paper, slides for presentations and references have been posted at this link. Translations of the position paper in Arabic, Chinese, Russian and Spanish will be posted on the corresponding language pages (click on language tabs at top right) in the near future.

THE RIGHT SHOT: EXTENDING THE REACH OF AFFORDABLE AND ADAPTED VACCINES

MSF has launched a new vaccine report entitled, The Right Shot: Extending the Reach of Affordable and Adapted Vaccines. The report highlights the lack of available information on both the price and the different product characteristics of vaccines, and how this has limited countries’ ability to operate affordable and effective immunization programmes. The Right Shot seeks to remedy some of the existing knowledge gaps by raising awareness on vaccine price differentials, exploring what factors drive fluctuations in prices, and discussing where development of better adapted vaccines could reduce barriers to immunization and increase coverage levels of traditional and newer vaccines. Structured in two parts – an overview which includes analysis of ten years of vaccine pricing data and how vaccine products could be better adapted for developing countries, and individual vaccine ‘product cards’ that gives greater in-depth analysis – the report serves as a resource for immunization stakeholders, such as donors, implementing partners, and developing countries. The Right Shot: Extending the Reach of Affordable and Adapted Vaccines can be downloaded at this link. To request a hard copy, please contact Michelle Vilk.

AFRICAN REGION

AFRICAN VACCINATION WEEK 2012

30/04/2012 from Richard Mihigo, WHO AFRO

The WHO African Region is commemorating the Second African Vaccination Week from 23-28 April 2012 under the theme “An unimmunized child is one too many. Give polio the final push”. The theme draws attention to the urgent need for accelerated actions to save children from vaccine-preventable diseases. This year’s commemoration coincides with the first ever World Immunization Week during which WHO unites countries across the globe for a week of vaccination activities, public education and information sharing.

Over the past few years, the African Region has made commendable progress in galvanizing political commitment and mobilizing communities as well as financial and technical resources to save the lives of children from measles, polio and other vaccine-preventable diseases. However, despite the progress made, much still remains to be done in some countries of the Region. There are still many unimmunized children who are at risk of infection and unless urgent action is taken, the transmission of vaccine-preventable diseases particularly polio will not be curtailed. This year, the focus is to interrupt the transmission of wild polio virus through increasing vaccination coverage as well as accelerating the uptake of new and existing vaccines. Emphasis will be put on prioritizing service provision for hard-to-reach areas with selected high impact child survival packages. Vaccination is an investment for children’s health. Let us ensure that no child is left unimmunized and give polio the final push.

For more information, click on this link.
Country Information by Region

AFRICAN REGION

WEST AFRICA CELEBRATES VACCINATION WEEK
30/04/2012 from Crépin Hilaire Djadjo, WHO/IST West Africa

The Second edition of the African Vaccination Week (AVW) was officially launched on 26 April 2012 at Independence Square, in Accra (Ghana, West Africa), by Dr Walker Oladapo, the Coordinator of the WHO Inter-Country Support Team for West Africa, representing the WHO Regional Director for Africa, Dr Luis Sambo.

At the launching ceremony also marking the introduction of PCV and rotavirus vaccine in Ghana (cf article “Ghana introduces simultaneously PCV and rotavirus vaccine”), Dr Walker said in his speech that the second AVW was a unique opportunity to raise awareness on the value and importance of vaccination; mobilize human, financial, material and other resources, and implement a variety of activities aimed at improving child survival and primary health care interventions in the WHO Region for Africa.

This year’s event which coincided with the first-ever World Immunization Week was largely observed across IST West countries. In Liberia, for instance, the week was launched in Monrovia by Dr Peter S. Coleman, Senate Chairman on health who pledged to lobby in the Legislature to increase allocations of the Health Ministry in fighting diseases in the country. In Mauritania, a network of journalists engaged in the promotion of vaccination was involved in the organization and implementation of activities while 20 low-performing communities were given routine antigens, Vitamin A, deworming tablets and strong social mobilization key messages. In Togo, banners were displayed at vantage places, float parades were seen in main streets of the capital city and routine vaccination services provided to four underserved health facilities within Dankpen district. In Dakar (Senegal), a press conference was organized by the EPI Manager (Dr Mamadou Ndaiye) to highlight the importance of vaccination and how it can help reduce by 25% the high level of child mortality in the country; another activity included a door-to-door visit by community relays to deliver messages on routine immunization and request under or unvaccinated children to go and get fully immunized.

INTERNATIONAL AFRICAN VACCINOLOGY CONFERENCE
Lagoon Beach Hotel, Cape Town 8 to 11 November 2012

You are invited to picturesque Cape Town, the Mother City where Table Mountain meets the Atlantic Ocean, for the first international vaccinology conference to be held in Africa for Africans.

As the clock counts down to the 2015 deadline for reaching the Millennium Development Goals, this unique event is an opportunity to meet under one roof to discuss and reflect on critical vaccine and immunization issues for Africa and the world. Implementation of policy is key as is research, advocacy, and communication.

The latest scientific thinking on vaccinology in Africa, including clinical, public health and health systems research will be presented. On 8 November 2012, workshops with a middle to low-income country focus will be open to all delegates. The programme includes plenaries on challenges facing Africa, vaccine success stories, vaccine financing, operational issues, and more.

The Vaccines for Africa Initiative (VACFA), University of Cape Town (UCT), is hosting the event which is jointly organised by UCT and the South African National Health Laboratory Service (NHLS). Vaccinology experts Professor Greg Hussey from UCT, and Professor Shabir Madhi and Professor Barry Schoub both of whom are from the NHLS, will chair the conference.

Abstract submission deadline now 30 April 2012

The organizing committee is proud to announce that abstracts can now be submitted online. Some sponsorship is available for African delegates whose abstracts are accepted for either oral or poster presentation. Please contact Bianca Allison with any queries.
AFRICAN REGION

IMMUNIZATION AND HEALTH SYSTEMS STRENGTHENING ANNUAL PROGRESS REPORT PEER REVIEW WORKSHOP FOR COUNTRIES OF WEST AFRICA, SALY/SENEGAL, 10-13 APRIL 2012

30/04/2012 from Nehemie Mbakuliyemo, WHO AFRO IST/West Africa

From 10-13 April 2012, 14 countries met in Saly, Senegal in a peer review workshop for the development of the Countries Annual Progress Reports (APR) on Immunization (EPI) and Health Systems Strengthening (HSS) programmes for the year 2011. The workshop was organized jointly by the WHO Inter-Country Support Team for West Africa and the UNICEF Regional Office for West and Central Africa. The workshop was an opportunity for the national EPI and HSS teams to conduct a joint review of the status of implementation of their immunization and health systems strengthening annual plans and report in a joint document on the progress made as well as the constraints faced.

Both EPI and HSS focal points had an opportunity to actively collaborate on both areas of work at country level and to focus on immunization outcome indicators used to demonstrate the effectiveness of the GAVI HSS funding support.

During the workshop, country teams were able to conduct individual review of their documents using the GAVI standard forms; to peer review documents from other countries; to benefit from a written feedback on each individual country report; to incorporate feedback into the original country reports and to develop and share individual countries’ roadmaps leading up to the deadline date for the submission of the APR document to GAVI.

ESTABLISHMENT OF A NATIONAL IMMUNIZATION TECHNICAL ADVISORY GROUP (NITAG) IN CÔTE D’IVOIRE: PROCESS AND LESSONS LEARNED

30/04/2012 from Simplice Dagnan, Institut National d’Hygiène Publique, Côte d’Ivoire, and Julia Blau, Agence de Médecine Préventive (AMP)

In January 2010, Côte d’Ivoire became the first GAVI-eligible country in sub-Saharan Africa to establish a National Immunization Technical Advisory Group (NITAG). The “Côte d’Ivoire National Committee of Independent Experts for Vaccination and Vaccines” (CNEIV-CI) was created to strengthen national capacity for evidence-based decision making concerning immunization. A ministerial decree established and defined the role of the CNEIV-CI: to advise the Minister of Health on all topics related to vaccines and immunization. Since March 2010, there have been a total of four NITAG meetings. During a meeting in September 2011, the NITAG adopted a recommendation aimed at improving immunization coverage and EPI performance in Côte d’Ivoire.

The Supporting National Independent Immunization and Vaccine Advisory (SIVAC) Initiative, a project of the Agence de Médecine Préventive (AMP), supported Côte d’Ivoire in the establishment of its NITAG using a step-by-step country-driven process. The role of SIVAC was to evaluate the willingness of the country to establish its NITAG, to assist the country in the development of a concept paper to define the role of the NITAG, and, after the establishment of the NITAG, to provide support to the country by reinforcing the scientific and technical capacities of the NITAG Executive Secretariat. Two main drivers for success were identified: strong political will and availability of sufficient national expertise. The step-by-step country-driven process and the collaboration between SIVAC and the Minister of Health were also a reason for success. Because of the politico-social crisis in 2010, NITAG activities were postponed for a year and are now picking up.

More information is available in the article “Establishment of a National Immunization Technical Advisory Group in Côte d’Ivoire: Process and lessons learned” recently published in Vaccine (freely accessible by clicking on the following link).

For more information on SIVAC
For more information on AMP
AFRICAN REGION
KENYA TARGETS FOOD SERVICE WORKERS WITH TYPHOID VACCINATION PROGRAMME
30/04/2012 from Tabu Collins, Tatu Kamau, Kenya Ministry of Public Health and Sanitation, and Leah Harvey, Coalition against Typhoid, Sabin Vaccine Institute

Recent outbreaks of typhoid fever in the Democratic Republic of Congo, Zambia and Zimbabwe and surveillance data analyses published by colleagues at the US Centers for Disease Control and Prevention (CDC), among others, demonstrate that typhoid fever is highly endemic in sub-Saharan Africa.

Informed by local studies of Typhoid disease burden, the Kenya Ministry of Health (MoH) initiated a campaign to vaccinate food service workers in formal and informal schools and child feeding programmes’ kitchens in major towns. Kenyan Ministry of Health officials hope that this campaign will have a multiplicative effect through indirect protection of pre-school and school-aged children, who are most at risk, resulting from reduced transmission from food service workers.

A total of 5,379 food service workers were vaccinated in primary and pre-primary schools in Embu, Kajiado, Kisumu, Nairobi and Nakuru, cities in central and western Kenya, from September to December 2011. The vaccination exercise is expected to be rolled out to other select towns later this year.

The areas vaccinated thus far were selected based on disease burden data available from local studies on salmonella bacteraemia. The campaign used Vi polysaccharide vaccine procured by MoH and supplemented by grant donations negotiated by International Vaccine Institute. The MoH is collaborating with local partners and stakeholders for surveillance, analysis, and advocacy activities, including US CDC, the Coalition against Typhoid (CaT), and the International Vaccine Institute (IVI).

EXTERNAL REVIEWS OF IMMUNIZATION PROGRAMMES ASSOCIATED WITH SURVEYS OF VACCINATION COVERAGE IN THE DEMOCRATIC REPUBLIC OF CONGO (DRC) AND CHAD
30/04/2012 from Auguste Ambendet and Dah Ould Cheikh, WHO IST Central

In Chad, an external review and a coverage survey evolve according to the timetable previously established. Data collection has just ended, the data analysis is underway and preliminary results are available. The first debriefing was scheduled for 26 April 2012, it will be followed by a second one in early May, intended for the Ministry of Health. The collection of field data was conducted by international and domestic evaluators, in collaboration with the National Institute of Statistics and Economic and Demographic Studies (INSEED) of Chad.

In DRC, an external review is also taking place. Data collection in the 11 provinces has just ended. Data processing by the National Statistics Institute, in collaboration with WHO and the Expanded Programme on Immunization (EPI) is complete; data analysis is underway and preliminary results are available. The debriefing was scheduled for 26 April 2012. The field survey is conducted by six internationally-recruited evaluators, 15 from the Schools of Public Health in Bukavu, Kinshasa, Kananga, Lubumbashi and 15 from the Ministry of Health. The Centers for Disease Control and Prevention (CDC) USA, the Maternal and Child Health Integrated Programme (MCHIP), the Sabine Vaccine Institute, UNICEF and WHO are involved in both activities.

VIDEO CLIP ON THE CONTROL OF MEASLES IN SOMALIA
30/04/2012 from Pieter Desloovere, WHO Somalia

Worldwide, the number of measles deaths fell by 74% between 2000 and 2010, from an estimated 535,000 in 2000 to 139,000 in 2008. Today, measles still kills globally nearly 382 people every day or 16 deaths every hour. In the case of Somalia, the death rate has fallen drastically, but still thousands of children are dying each year. Samples of suspected measles cases from across Somalia are collected and confirmed by the laboratory investigation units in Garowe, Hargeisa and Mogadishu.

To watch the video clip, click here.
Country Information by Region

AFRICAN REGION

PEER REVIEW WORKSHOP OF THE ANNUAL PROGRESS REPORTS TO GAVI FROM THE CENTRAL AFRICAN COUNTRIES
30/04/2012 from Auguste Ambendet and Dah Ould Cheikh, WHO IST Central

The WHO Intercountry Support Team (IST) for Central African countries organized a peer review in Kinshasa, Democratic Republic of Congo, from 23-25 April 2012 for all GAVI-eligible countries to review the Annual Progress Reports (APR). The overall objective of the workshop was to improve the technical quality of the APRs in 2011. All eight GAVI-eligible countries in the sub-region will participate in this workshop.

COMMEMORATION OF THE SECOND AFRICAN IMMUNIZATION WEEK IN CENTRAL AFRICA
30/04/2012 from Auguste Ambendet and Omer N’ganga, WHO IST Central

WHO AFRO commemorated the second African Immunization Week (AIW) on 23-28 April 2012 with the theme "An un-immunized child is one too many. Give Polio the last push." The theme this year focuses on the urgent need to accelerate actions to protect all children from vaccine-preventable diseases. The celebration of the second AIW coincides with the first World Vaccination Week which brings together all WHO regions for a week around immunization activities, public education and information sharing.

This year, the challenge is to stop the transmission of the wild poliovirus by increasing immunization coverage, to work towards improving the accessibility and use of new and existing vaccines, to strengthen services in areas with difficult access through the provision of a package of care with high impact on child health.

The commemoration of this week in Central Africa began on 11 April 2012 with Cameroon. Chad has also commemorated the AIW from 16-19 April 2012. The remaining countries namely, Angola, Burundi, Congo, the Democratic Republic of Congo, Equatorial Guinea, Gabon and Sao Tome and Principe, have commemorated this week between 23 April-17 May 2012. The table below shows the interventions by country.

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<th>Country</th>
<th>Date</th>
<th>Main Interventions</th>
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<td>Angola</td>
<td>8-17 May</td>
<td>Communication and campaign TMN</td>
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<tr>
<td>Burundi</td>
<td>23-28 April</td>
<td>Communication, advocacy on financing of immunization and polio</td>
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<td>Cameroon</td>
<td>11-15 April et 2-6 May</td>
<td>Communication and Measles and Oral Polio Vaccines (OPV) campaign</td>
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<td>Central African Republic</td>
<td>27 April-3 May</td>
<td>OPV 27-29 April Multi antigens Immunization campaigns 30 April-3 May</td>
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<tr>
<td>Chad</td>
<td>16-19 April</td>
<td>Communication, OPV campaign, vitamin A, bed nets and Mebendazole</td>
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<tr>
<td>Congo</td>
<td>23-29 April</td>
<td>Communication and Measles and OPV Campaigns</td>
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<tr>
<td>RDC</td>
<td>30 April-5 May</td>
<td>Communication, OPV campaigns associated with catching up with unvaccinated children, vitamin A, bed nets and Mebendazole</td>
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<tr>
<td>Equatorial Guinea</td>
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<td>Gabon</td>
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<td>Sao Tome &amp; Principe</td>
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<td>Communication, catching up with unvaccinated children</td>
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TENTH ANNIVERSARY OF VACCINATION WEEK IN THE AMERICAS AND THE FIRST EVER WORLD IMMUNIZATION WEEK
30/04/2012 from Alba Maria Ropero and Hannah Kurtis, PAHO

This year marks two milestone events in public health: the tenth anniversary of Vaccination Week in the Americas (VWA), and the first ever World Immunization Week (WIW). In the Americas, over the last ten years, VWA has grown to become the largest multinational health initiative in the Region, thanks to the political commitment of governments and the dedication of the Region’s health care workers. The objectives of Vaccination Week are: 1) to advance equity and improve access to vaccination for people of all ages through outreach to underserved and marginalized communities; 2) increase vaccination coverage of all antigens to prevent disease outbreaks; 3) raise awareness on how immunization saves lives; 4) to maintain the topic on the political agenda; and 5) to promote the transition from child to family immunization.

More than 365 million children, young people, men, women of childbearing age and older adults have been vaccinated as a result of activities conducted under the framework of VWA over the past nine years. In 2012, under the slogan: “For you, for me, for everyone. Get vaccinated”, countries and territories have planned to target more than 44 million people across the age spectrum for vaccination against a wide range of diseases; 45 countries and territories in the Region have committed to celebrating this milestone initiative in 2012.

An increasing number of countries use VWA to integrate other preventative health interventions with vaccination campaigns. In 2012, 17 countries and territories have reported plans to integrate activities such as deworming, vitamin A supplements, growth monitoring, cancer screening, distribution of water filters, body mass index screening, and foot care demonstrations for diabetics, as part of the 10th anniversary of VWA.

The launch of the first World Immunization Week and the tenth Vaccination Week in the Americas was done under the framework of this year’s Summit of the Americas in Cartagena, Colombia on 13-15 April 2012. Other high profile events were held in Port-au-Prince, Haiti on 21-27 April in a tri-national border area between El Salvador, Guatemala, Honduras and Nicaragua. Simultaneously, dozens of 2012 VWA launching events will be carried out throughout the Region, at the local, national and international level.

The success of Vaccination Week in the Americas has served as a model for other Regions of the World Health Organization. The first World Immunization Week will be celebrated with the participation of more than 180 countries under the slogan: “Protect your world. Get Vaccinated!”

THIRD ANNUAL MEETING OF THE INTERNATIONAL EXPERT COMMITTEE (IEC) FOR DOCUMENTING AND VERIFYING THE ELIMINATION OF MEASLES, RUBELLA AND CRS
30/04/2012 from Carlos Castillo-Solorzano, Katri Kontio and Pamela Bravo, PAHO

The International Expert Committee (IEC), responsible for documenting and verifying the elimination of measles, rubella and congenital rubella syndrome (CRS) in the Americas, met on 29-30 March 2012, at the Pan American Health Organization/World Health Organization (PAHO/WHO) headquarters. The objective of the meeting was to assess the progress achieved on this topic and to define the road map to sustain the elimination of these diseases in the Region. The Presidents and members of National Commissions along with health authorities from countries that reported sustained measles outbreaks and rubella cases in 2011 were also convened for an ad-hoc meeting with the IEC.

With the circulation of measles virus and rubella in other regions, and the constant risk of importation of these viruses in the countries of the Americas, the Committee emphasized the need to distinguish between having achieved the goal of elimination and sustaining the elimination, for the latter it is essential to ensure the political commitment, resources and infrastructure in all countries.

As the Americas is a Region with a solid pro-vaccination culture and successful immunization programmes, the Committee will recommend that PAHO Member States not risk complacency and implement the following actions to maintain the current progress:

- continuous monitoring of the population that has not been vaccinated against measles and rubella in the routine programme especially in the high risk areas (e.g. tourist areas, borders, difficult access, etc.);
- high-quality follow-up campaigns, obtaining uniform coverage ≥95% in all municipalities; and
- evaluation of the measles and rubella surveillance systems to improve the quality of reporting and investigation, improving the collaboration with the private sector.

Lastly, the Committee discussed the regional progress report on the documentation and verification of these diseases that will be presented to the Ministers of Health of the PAHO Member States at the Pan American Sanitary Conference to be held 17-21 September 2012.
HAITI LAUNCHES VACCINATION WEEK IN THE AMERICAS WITH INTENSIVE VACCINATION ACTIVITIES FOCUSED ON CHILDREN

On 21 April 2012, as part of the tenth annual Vaccination Week in the Americas, Haiti launched intensive vaccination activities to protect children against diseases including polio, measles and rubella, among others. A launch event was held in Port-au-Prince with the participation of national health authorities, the Pan American Health Organization/World Health Organization (PAHO/WHO), the GAVI Alliance, and other international organizations.

Other participants in the launch included GAVI Board Chairman, Dagfinn Høybråten; UNICEF Deputy Representative in Haiti, Stephano Savi; Director of the Center for Global Health at the U.S. Centers for Disease Control and Prevention (CDC), Kevin De Cock; and Director-General of Health in Haiti’s Ministry of Public Health and Population, Gabriel Thimoté, among others.

The intensive child health activities launched seek to strengthen Haiti’s routine immunization programme through personnel training, strengthening the vaccine cold chain, proper waste disposal, improvements in epidemiological surveillance, and capacity building in programme management. The launch featured a flag parade by Haitian school children, a PAHO/WHO photo exhibit celebrating ten years of Vaccination Week in the Americas, and a special music and dance performance. Haiti’s goal is to vaccinate some 2.5 million children aged nine years and under against polio and 2.3 million aged nine months to nine years against measles and rubella. Health workers also expect to administer some 1.2 million doses of vitamin A and two million doses of albendazol, an antiparasitic drug.

Ten years ago, in 2003, Haiti was the site of the first launch of Vaccination Week in the Americas. Since then, the regional initiative has taken the benefits of vaccination to an estimated 365 million people throughout the hemisphere.

To see the launch of the tenth VWA and the first WIW in Haiti, visit this [link](#).

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Country Information by Region

EASTERN MEDITERRANEAN REGION

PREVALENCE AND MOLECULAR IDENTIFICATION OF STREPTOCOCCUS PNEUMONIAE SEROTYPING IN IRAN BY MULTIPLEX POLYMERASE CHAIN REACTION (PCR)
30/04/2012 from Mohsen Zahraei, EPI Manager, Iran Ministry of Health

Since 1982, the National Immunization Technical Advisory Group (NITAG) has played a significant role in policy formulation and priority setting to prevent and control vaccine-preventable diseases. It has helped concerned authorities to make evidence-based decisions regarding the choice of vaccines and to develop immunization programmes throughout the country. Moreover, as many NITAG members come from the Universities of Medical Sciences, they have been able to institutionalize the immunization programme in medical schools, and have also been successful in disseminating public health messages to medical students. The impact of their technical input has been reflected in the control, elimination or eradication of a number of major endemic infectious diseases in the country.

The NITAG has made recommendations for introduction of new vaccines into the immunization programme. The advisory group’s recommendations are primarily based on local evidence but regional or global data also are used. To guide evidence-based decision making, the advisory group also has recommended national disease burden surveys in children for Hib (2004–2005), rotavirus gastroenteritis (2009) and nasopharyngeal carriage of Streptococcus pneumoniae (2009).

The pneumococcal vaccine is not a part of routine immunization in Iran and no documented and comprehensive studies have been done on Spn serotypes up to now. Regarding the evidence needed for the decision-making process of the NITAG about adding the Pneumococcal vaccine into routine immunization in Iran, the identification of the prevalence of S. pneumonia serotypes is necessary and recommended by using a very specific and sensitive methods such as Multiplex Polymerase Chain Reaction (PCR). The Ministry of Health plans to conduct a national survey, “Prevalence and Molecular Identification of Streptococcus pneumoniae Serotyping in Iran by Multiplex PCR” in 2012.

EUROPEAN REGION

EUROPEAN IMMUNIZATION WEEK EARNs REGION-WIDE SUPPORT
30/04/2012 from Chelsea Hedquist, WHO EURO

For the first time since European Immunization Week (EIW) was introduced in 2005, all 53 countries in the WHO European Region will participate in the initiative (21-27 April 2012). This broad support emphasizes the Region’s commitment to raising awareness about immunization and to achieving important regional goals, such as eliminating measles and rubella by 2015 and maintaining the polio-free status.

During EIW, participating countries organize immunization activities at the national level, geared towards their specific immunization goals and/or challenges. At the regional level, this year WHO/Europe is focusing on the critical role health workers play in ensuring the success of national immunization programmes. In connection with this, the Vaccine-preventable Diseases & Immunization (VPI) Programme at the Regional Office recently launched an online immunization resource centre where health workers can download job aids to assist in their daily communication with patients about vaccines, available on this site. The VPI Programme also created a video for EIW 2012 highlighting the importance of health workers.

Additionally, the EIW campaign site is featuring guest bloggers each day throughout the week of EIW, and the blogs are addressing a wide array of issues related to immunization from a variety of perspectives. Guest bloggers include representatives from the Bill & Melinda Gates Foundation, the United Nations Foundation’s Shot@Life campaign, the GAVI Alliance and the Measles Initiative. WHO/Europe’s partners, such as the United Nations Children’s Fund (UNICEF) and the European Centre for Disease Prevention and Control (ECDC), are also contributing featured blogs, as are other immunization experts and advocates. Members of the campaign’s website are sharing information, pictures and videos from activities around the Region on a regular basis. Visit the campaign site to join this community of EIW supporters, and check in daily to read all the posts from featured guest bloggers.

For more information on the EIW campaign, click on this link.
THE KINGDOM OF BHUTAN: A COMBINED V3P AND IMMUNIZATION FINANCING SUSTAINABILITY MISSION
30/04/2012 from Sarah Schmitt, WHO HQ Consultant V3P

A team comprised of GAVI Secretariat, Sustainable Immunization Financing (SIF) project/Sabin Vaccine Institute Washington DC and Nepal, WHO SEARO and Sarah Schmitt (WHO Geneva) conducted a combined mission in The Kingdom of Bhutan in April 2012. The intention was to assess the country needs under the Vaccine Product, Price and Procurement Project (V3P), to identify progress and issues and develop a transitional plan for GAVI graduation and to engage with the country officials on joining the SIF project.

The mission team met with representatives and senior staff from Ministry of Health (MoH) and Ministry of Finance (MOF) Departments, local partners such as UNICEF and Japan International Cooperation Agency (JICA). The mission was extremely supported by the WHO country office and the MoH Expanded Programme on Immunization (EPI) team.

The team found that strong government commitment to immunization resulting in high vaccine coverage considering challenges of geography. There is also a high level of demand and support from the public. This is commendable due to the suspension of the introduction of pentavalent vaccine during the investigation of adverse events and the successful re-introduction of the vaccines with good coverage following this testing time.

Operational costs of vaccine preventable diseases (VPD) are being fully met by government; however there is a strong reliance on external funding for vaccines. All traditional vaccines are currently being funded by Japan Committee for “Vaccine for the World’s Children” (JCV), Pentavalent financing is supported by GAVI with the co-financing requirements being met by the Bhutan Health Trust Fund (BHTF). HPV vaccine has been implemented since 2010 with a donation in the first year from Merck and financing for subsequent years from the Australian Cervical Cancer Foundation, this support will continue until 2015 after which time the Government will be responsible for the financing. There is some concern whether the BHTF will be sufficient to cover the cost of HPV and whether other priority new vaccines could be implemented due to the financing requirements.

The national budgeting and planning system is inclusive and well considered. The BHTF is an innovative approach to funding, however the current usage of a small amount of the interest generated from the fund for the procurement of vaccines and essential medicines is not sufficient for the continued financial sustainability of the programme. If requested the GAVI secretariat may be able to provide some guidance in this area due to their success in advocacy and maintenance of their own trust fund. The current procurement is conducted through UNICEF Supply Division (SD). The procurement and regulation activities would require some significant capacity building in order to move from UNICEF SD procurement to self-procurement. The country can be hard to access at certain times of the year and is therefore sensitive to supply shocks and delays in delivery, increasing the available buffer stock held centrally could be a viable option.

Vaccine Legislation is outdated having been written in the 1980’s. Officials are willing to work with SIF to address this and to promote immunization at the highest level possible. This intervention could be part of the 11th five-year plan for 2013-2018 currently being considered.

The value of the broad experience and consideration of multiple aspects of the immunization programme were appreciated by the MoH and country stakeholders. High level officials in particular the Director General of Public Health and his team were keen to continue their relationship and engagement with the V3P project and with GAVI Alliance partners to develop a strong transition plan for achieving financial sustainability during and beyond GAVI graduation.
Country Information by Region

SOUTH EAST ASIA REGION

SRI LANKA: GAVI GRADUATING COUNTRY NEEDS ASSESSMENT FOR V3P PROJECT
30/04/2012 from Sarah Schmitt, WHO HQ Consultant V3P

A mission was conducted in April 2012 to Sri Lanka under the Vaccine Product, Price and Procurement Project (V3P) to assess the needs of a GAVI graduating country in terms of access to information on vaccine prices, vaccine procurement and vaccine product characteristics for informed evidence-based decision making for new vaccine implementation.

The mission noted strong government commitment to immunization at all levels exhibited through appropriate planning and budgeting for traditional vaccines and through the GAVI graduation process. Commendable successful re-introduction of vaccines post severe Adverse Events Following Immunization (AEFI) & regaining public confidence and maintaining excellent support from medical practitioners.

Vaccine coverage is high and the programme is performing well especially considering recent country challenges. There is good coordination and definition of roles and responsibilities between actors in procurement and supply. WHO pre-qualified vaccines are supplied both through UNICEF Supply Division (SD) procurement of GAVI supported Pentavalent and through local procurement mechanism.

Evidence-based decision making processes exist and are utilized for consideration of future new vaccine implementations. Further thought to establishing an independent National Immunization Technical Advisory Group (NITAG) should be taken in particular in relation to the selection of the most appropriate product presentations and to some future vaccines which would involve a broader group of stakeholders.

Improvements could be made in engagement with, and monitoring of, the private sector supply of vaccines. Restricting the award of market access is being used to limit the number of vaccines available in the private market, this may not be the most appropriate tool.

Regulation, monitoring and utilization of local agents for vaccine supply (both private and public) could be improved. And supply security for public sector vaccines needs further follow-up, particularly in relation to encouraging competition.

Although the Epidemiology Unit (EPID) proactively try to obtain information on vaccine products, price and procurement, the sources utilized and access to information is limited. The Sabin Institute, under its Sustainable Immunization Financing (SIF) project is working with EPID and high level government stakeholders on the development of a new legislation for immunization and vaccines. Procurement and supply issues should also be addressed in any proposed documentation.

WESTERN PACIFIC REGION

IMMUNIZATION WEEK 2012 IN THE WESTERN PACIFIC
30/04/2012 from Gabriel Anaya, WHO WPRO

The second immunization week in the Western Pacific was officially launched on 23 April 2012 by Dr Shin Young-soo, Regional Director during the 102nd WR/CLO meeting in Manila. The ceremony marked the beginning of activities in 34 of the 37 countries and areas in the Region in support of immunization. Launching ceremonies took place at country and district level throughout the Region including the inclusion of Measles second dose containing vaccine into the routine immunization schedule of Cambodia and online interviews with parents and providers in China just to name a few.
Country Information by Region

WESTERN PACIFIC REGION

ADVANCED COURSE ON CAUSALITY ASSESSMENT OF ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

30/04/2012 from Madhava Ram Balakrishnan, WHO HQ

At the request of the Ministry of Health China, WHO organized an Advanced Course on Causality Assessment (ACCA) in Nanjing from 27 February-1 March 2012. The 25 participants represented MoH, China Centers for Disease Control and Prevention (CDC) and the State Food and Drug Administration (SFDA), members from provincial AEFI committees of 13 provinces and Medical Association AEFI focal points. Staff from WHO HQ, WPRO, a vaccine safety expert from WHO Uppsala Monitoring Centre (UMC) and an Associate professor from Tehran University of Medical Science, Iran facilitated the workshop. The workshop was coordinated by the WHO Country Office China.

The workshop was modelled on the standard WHO causality assessment course to strengthen monitoring of AEFI, but modified to suit the country requirements. It had ten interactive sessions and five group work sessions. The sessions enabled participants to review the strengths and challenges of AEFI monitoring and response in China and help develop a national plan of action.

The AEFI surveillance and Causality Assessment (CA) system in China is well organized and closely monitored from the periphery to the national levels by the China CDC. All data are recorded locally and transmitted electronically to a national database. Annually about 45,000 cases are reported into the database. CA committees at the provinces assess difficult cases. One of the major challenges of the authorities is the capacity to do data analysis rapidly with the available data.

After the workshop the WHO team members discussed the next steps with the focal persons of AEFI surveillance and also the Division of Medical Monitoring and Evaluation, National Center for Adverse Drug Reaction (ADR) Monitoring. The Chinese team emphasized the need to incorporate the learnings from the workshop into specific activities for improving the national AEFI surveillance and response.

CONSULTATION ON MEASLES ELIMINATION AND HEPATITIS B CONTROL IN THE PHILIPPINES

30/04/2012 from Wang Xiaojun, WHO WPRO

A consultation meeting on measles elimination and hepatitis B control took place on 17-21 April 2012, with representatives from national governments, partners, members of regional verification commission for measles elimination and other experts. Verification mechanism for measles elimination, particularly process, criteria, documentation components and indicators, are being extensively discussed, with important agreements achieved. Through progress review country by country, it has been well recognized by participants that the Western Pacific Region is progressing fast and is on the verge of eliminating measles; while some critical challenges remain in some areas, requiring urgent and more extensive efforts to root out all residual measles transmissions and adequately close immunity gaps against measles. Country action plans 2012-2013 for achieving and sustaining measles elimination, as well as the regional action plan were presented and discussed. During the meeting, country participants and experts raised a strong voice in further moving rubella control ahead in the Region through accelerating introduction of Measles-rubella vaccine and implementing catch-up measles and rubella supplementary immunization activities in priority countries.

Also covered during this consultation was setting a target year for the Region’s hepatitis B control goal to reduce chronic infection rates to <1% among children. In February 2012, the Region’s Hepatitis B Expert Resource Panel recommended 2017 as a target year for the goal. These discussions marked the beginning of the consultative process with Member States for establishing a target year. There was general agreement that it is time to set a target for the <1% goal. Some key priority countries noted that 2017 would be challenging but supported a target date of 2017. Participants recommended a mid-term assessment to guide activities in priority countries.
Country Information by Region

WESTERN PACIFIC REGION

RESPONSE TO POLIO OUTBREAK IN CHINA
30/04/2012 from Sigrun Roesel, WHO WPRO

In its efforts to ensure complete interruption of wild poliovirus circulation in the Xinjiang Uyghur Autonomous Region, China has organized another large-scale immunization round. Children under 15 years in the whole province and adults under 40 years in the five southern prefectures are targeted with trivalent oral poliovaccine (tOPV). As six months have passed since the onset of the last detected polio case (9 October 2011), China has been removed from the list of countries with active polio outbreaks. It remains critical to maintain high population immunity and quality disease surveillance, to minimize the risk and consequences of any further potential wild poliovirus importations. WHO strongly recommends such vigilance in all countries in the Western Pacific Region.

MULTI ANTIGEN SUPPLEMENTARY IMMUNIZATION CAMPAIGN IN PAPUA NEW GUINEA
30/04/2012 from Sigrun Roesel and Siddhartha Datta, WHO WPRO

On 2 April 2012, the Secretary for Health on behalf of the Prime Minister, launched a nationwide supplementary immunization activity (SIA) against measles, polio, maternal and neonatal tetanus. Over the next few weeks around 1.8 million women from 15-45 years were targeted with tetanus toxoid. At the same time 800,000 children under three years old received measles and oral polio vaccine; together with vitamin A and deworming tablets as eligible. The SIA was part of Papua New Guinea’s commitment to achieving measles and maternal and neonatal tetanus elimination in the near future and remaining polio-free. The campaign provided a platform for the government of Papua New Guinea, the development partners, Non-Governmental Organizations (NGOs) and civil society organizations to conjugate their efforts for an integrated campaign to optimize the use of resources.

This multi-antigen campaign was used to deliver routine vaccines as well to all eligible children and specifically to the communities which are missed out during the routine vaccination programme. The SIAs have been effectively used to reach the community in Papua New Guinea with routine vaccines. During this multi-antigen supplementary campaign in 2012, WHO supported the Department of Health in developing a system of rapid convenience monitoring which will be carried out throughout the country by the National, provincial and district staff. Several national NGOs and development partners like WHO and UNICEF will also join the national and provincial teams in conducting this monitoring to ensure quality and completeness of this campaign in the country.

ESTABLISHMENT OF REGIONAL VERIFICATION COMMISSION FOR MEASLES ELIMINATION IN THE WESTERN PACIFIC REGION
30/04/2012 from Wang Xiaojun, WHO WPRO

The Regional Verification Commission (RVC) for measles elimination in the Western Pacific Region, composed of fourteen members nominated by the WHO Regional Director for Western Pacific Region, was established in January 2012. An inaugural meeting was convened on 17 April 2012 to review, discuss and agree on verification principles and process, criteria and indicators, and functions and term of references of RVC and national verification committees. Formulation of national verification committees will be followed in the near future. As done for polio eradication certification, a Sub-regional Verification Committee will be established to verify achievement of measles elimination for 21 Pacific island countries and areas as an epidemiological block.
Special Announcement

**WHO GLOBAL MEETING ON IMPLEMENTING NEW AND UNDER-UTILIZED VACCINES IN MARRAKESH, MOROCCO**
30/04/2012 from Hemanthi Dassanayake, WHO HQ

The WHO Global Meeting on Implementing New and Under-utilized Vaccines is being held in Marrakesh, Morocco from 15-17 May 2012. The objectives of this meeting are to review and discuss among global, regional and country immunization partners, key issues related to the introduction of new and under-utilized vaccines, and to review progress in the implementation of the Global Plan of Action for the New and Under-utilized Vaccines Implementation (NUVI PoA).

This year, particular consideration and review will be given to the following issues in an initial plenary session and in work groups for the remainder of the meeting:

- Programmatic achievements including progress with implementation of Hib, pneumococcal, rotavirus, epidemic meningococcal and HPV vaccines and prioritizing activities for the next 12 months, including a review of recommendations from last year’s workshops.
- Review of lessons learned from pneumococcal, rotavirus and Meningitis A vaccine introductions.
- Collection and dissemination of information on country preparedness for introductions.
- Report back on discussions on the Decade of Vaccines.
- Update on GAVI policies and windows of support
- Immunization programme planning and monitoring.
- New vaccine impact monitoring.
- Delivery of Human Papilloma Virus vaccines.
- Strategies for middle-income and graduating countries.
- Supply chain and logistics.
- New vaccines and health systems.

The information contained in this Newsletter depends upon your contributions

Please send inputs for inclusion to:

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<td>EURO Rotavirus surveillance sub-regional meeting</td>
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<td>Regional review workshop on rotavirus and VP-IBDs surveillance</td>
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<td>20th Meeting of the Technical Advisory Group on Immunization &amp; Vaccine Preventable Diseases</td>
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<td>Annual African Vaccine Regulatory Forum (AVAREF) meeting</td>
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<td>EMRO Regional Expanded Programme on Immunization managers meeting-Regional meeting on measles/ Rubella elimination</td>
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<td>Global Measles/Rubella and Polio Labnet Meeting</td>
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<td>SEARO High-Level Meeting of Secretaries of Health on 2012 Intensification of Routine Immunization in the South-East Asia Region</td>
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## Regional Meetings & Key Events Related to Immunization

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<td>13th meeting of Developing Countries’ Vaccine Regulators Network (DCVRN)</td>
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<td>SEARO Expanded Programme on Immunization Managers Meeting</td>
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<td>SEARO Regional Working Group Meeting on GAVI supported activities and Health System Strengthening</td>
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<td>Immunization Practices Advisory Committee IPAC</td>
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<td>Global Invasive Bacterial Disease (IBD) Surveillance meeting</td>
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<td>Washington, USA</td>
<td>Global</td>
</tr>
<tr>
<td>Global Vaccine Research Forum</td>
<td>Oct</td>
<td>Oct</td>
<td>TBD</td>
<td>Global</td>
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<tr>
<td>Global Vaccine Safety Initiative</td>
<td>Oct</td>
<td>Oct</td>
<td>TBD</td>
<td>Global</td>
</tr>
<tr>
<td>Strategic Advisory Group of Experts (SAGE) on immunization</td>
<td>06-Nov</td>
<td>08-Nov</td>
<td>TBD</td>
<td>Global</td>
</tr>
<tr>
<td>Technet</td>
<td>Nov</td>
<td>Nov</td>
<td>TBD</td>
<td>Global</td>
</tr>
<tr>
<td>19th Task Force on Immunization (TFI) &amp; 18th ARICC/ARCI Meetings</td>
<td>01-Dec</td>
<td>04-Dec</td>
<td>TBD</td>
<td>AFRO</td>
</tr>
<tr>
<td>Pre-GACVS meeting, Global Advisory Committee on Vaccine Safety (GACVS) meeting</td>
<td>04-Dec</td>
<td>06-Dec</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
</tbody>
</table>
Links Relevant to Immunization

**Global Websites**

- Department of Immunization, Vaccines & Biologicals, World Health Organization
- WHO New Vaccines
- Immunization Financing
- Immunization Monitoring
- Agence de Médecine Préventive
- EPIVAC
- GAVI Alliance Website
- IMMUNIZATION basics (JSI)
- International Vaccine Institute
- PATH Vaccine Resource Library
- Dengue Vaccine Initiative
- SABIN Sustainable Immunization Financing
- SIVAC Program Website
- UNICEF Supply Division Website
- Hib Initiative Website
- Japanese Encephalitis Resources
- Malaria Vaccine Initiative
- Measles Initiative
- Meningitis Vaccine Project
- Multinational Influenza Seasonal Mortality Study (MISMS)
- RotaADIP
- RHO Cervical Cancer (HPV Vaccine)
- WHO/ICO Information Center on HPV and Cervical Cancer
- SIGN Updates
- Technet
- Vaccine Information Management System
- PneumoAction

**Regional Websites**

- New Vaccines in AFRO
- PAHO’s website for Immunization
- Vaccine Preventable Diseases in EURO
- New Vaccines in SEARO
- Immunization in WPRO

**Newsletters**

- PAHO/Comprehensive Family Immunization Program-FCH: Immunization Newsletter
- The Civil Society Dose - A quarterly newsletter of the GAVI CSO Constituency

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