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News

SPECIAL REPORT ON WORLD IMMUNIZATION WEEK 2013
30/04/2013 from Hayatee Hasan, WHO HQ

World Immunization Week (WIW) 2013 began on 20 April with about 180 countries around the world taking part in various events and activities to promote the use of vaccines to protect people of all ages against disease.

With the global slogan Protect your world – get vaccinated, this annual event provides a unique opportunity to celebrate achievements in saving lives through vaccination and to mobilize action to increase vaccination coverage with both existing and newly available vaccines.

Campaign materials such as the visual identity, posters, banners and video are available in 6 languages on the WIW 2013 campaign site. Various communications products have been developed by WHO including an immunization coverage fact sheet, myths and facts on immunization, and seven feature stories which explored progress made against vaccine-preventable diseases in every WHO Region.

Events around the globe marking WIW 2013

Participating countries implemented a wide range of activities including vaccination campaigns against diseases including polio, measles, rubella, diphtheria, mumps, whooping cough, influenza, yellow fever; introduction of measles second dose, pentavalent, pneumococcal and rotavirus vaccines; training workshops; round-table discussions; public information campaigns; and more.

Regional launch events were held in Cairo, borders between Belize and Guatemala, Haiti, Manila and Uganda and multiple national launching ceremonies held in many countries with participation from partners such as other UN organizations, associations of health professionals, non-governmental organizations and civil society. Presidents and prime ministers, first ladies, health ministers, ambassadors and leading personalities also lend their support to this important initiative.

Different regions emphasized different themes.
- Africa: Save lives, Prevent disabilities, Vaccinate!
- Americas: Vaccination, a shared responsibility.
- Eastern Mediterranean: Stop measles now!
- South-East Asia: Intensification of routine immunization.
- Western Pacific: Finish the job—No more measles for anyone.

Read the news releases on Immunization Week around the world.

For more information on regional and country activities, go to the WIW 2013 campaign website and click on Immunization Week around the world.

Many countries and partners have registered their WIW activities on the campaign website.
THIRD AFRICAN VACCINATION WEEK CELEBRATED IN WEST AFRICA
30/04/2013 from Crépin Hilaire DADJO, WHO IST West Africa

The Third African Vaccination Week (AVW) which coincides with the Second World Immunization Week was celebrated in most of the West African countries, from 22-28 April 2013 under the theme “Save Lives. Prevent disabilities. Vaccinate”. A variety of activities were implemented depending on the agenda prevailing in each country. For instance, for countries conducting synchronized Polio NIDs, joint launching ceremonies in low performing areas were observed such as in Benin, Cote d'Ivoire, Liberia and Sierra Leone. Distribution of Vitamin A and deworming tablets, hand washing demonstrations, screening for child malnutrition, outreach sessions with all needed antigens of Routine immunization were among the main integrated child and mother health interventions put in place.

Social mobilization activities, communications efforts including media outreach to increase the community acceptance of vaccines or resource mobilization were also implemented. For instance, on 24 April 2013 in Lomé, the capital city of Togo, an advocacy meeting was held with the Director general of health services, the EPI Manager, the Officer in Charge of the WHO Office and a delegate from UNICEF as main speakers. The audience was made of about 20 media houses represented and as many traditional leaders. Were also present many invitees from the private sector and the Civil Society Organizations.

VACCINATION WEEK IN THE AMERICAS 2013
30/04/2013 from Alba Maria Ropero, Hannah Kurtis and Elizabeth Thrush, WHO PAHO

During the last week of April (20-27) the countries and territories of the Americas will celebrate Vaccination Week in the Americas (VWA), an initiative dedicated to increasing equity and access to vaccination. VWA began 11 years ago and sparked a global movement culminating in the establishment of World Immunization Week (WIW), which will be celebrated for the second time in 2013.

Country participation in VWA is flexible and based on national health priorities. Over the last decade, more than 411 million people have been vaccinated under the umbrella of the initiative, which has become an exceptional illustration of what can happen when countries work together, across borders and in different languages, to improve their populations’ health.

The 2013 VWA slogan is “Vaccination: a shared responsibility,” to highlight the importance of everyone doing their part in supporting one of public health’s most important and cost-effective intervention.

Forty-four countries and territories are expected to participate in VWA 2013, carrying out a wide variety of campaigns to vaccinate more than 44 million people against diseases including poliomyelitis, measles, mumps, rubella and congenital rubella syndrome, diphtheria, whooping cough, tetanus, hepatitis B, seasonal influenza, yellow fever, diarrhea caused by rotavirus and bacterial pneumonia and meningitis. Of note, several countries will carry out immunization or promotional campaigns focused on the human papillomavirus (HPV) vaccine.

Eighteen countries and territories have also reported plans to integrate other preventative interventions with vaccination such as deworming, supplementation with vitamin A, growth monitoring, and health screenings.

Most countries in the Region will conduct national or bi-national VWA launching events. Two Regional VWA launches will take place with the participation of high level authorities:

On 24 April 2013, in the Adjacency Zone between Benque Viejo, Belize, and Melchor de Mencos, Guatemala.
On 27 April 2013, in the commune of Carrefour in the metropolitan area of Port-au-Prince, Haiti.
The Regional Launching Ceremony for the fourth Vaccination Week in the Eastern Mediterranean Region was held in Egypt on 22 April 2013, under the patronage of H.E. Dr Mohamed Mostafa Hamed, Minister of Health and Population, Egypt. The ceremony took place in the National Training Institute in Cairo with more than 300 participants including senior management from Egypt Ministry of Health and Population, WHO Regional Office for the Eastern Mediterranean, UNICEF Country Office, as well as medical and nursing students and national scouts. The event was covered by the national and regional media.

This year, the theme for the Regional Vaccination Week is “Stop Measles Now!” in order to increase visibility of measles elimination target and draw the attention of policy-makers, partners, medical community and the public. This theme is especially important since all the countries in the Eastern Mediterranean Region have set measles elimination target for 2015.

Vaccination Week in the Eastern Mediterranean is an initiative led by countries, the WHO Regional Office for the Eastern Mediterranean and partners to celebrate and promote the value of immunization. The week-long event took place during the last week of April 2013 with participation of nearly all countries in the Region.

In 2013, the fourth Vaccination Week in the Region coincides with the second World Immunization Week. As agreed by a resolution during the 65th World Health Assembly 2012, the last week of April each year is designated for celebration of the Vaccination (Immunization) Week worldwide.

For more information on Vaccination Week in the Eastern Mediterranean, please visit this website.

DRC'S MINISTRY OF HEALTH PRESENTS NATIONAL PLAN TO ELIMINATE CHOLERA

The Ministry of Health of the Democratic Republic of Congo (DRC) presented “The National Plan for the Elimination of Cholera 2013-2017” at an international conference in March 2013. Since 2007, the DRC has implemented a comprehensive programme to fight cholera to lower national incidence of confirmed cases below one per 100,000 people. First addressed exclusively as a health issue, the strategy is now considered multi-sectoral, combining clinical care, water, sanitation, and hygiene.

The National Plan draws on recent epidemiological studies showing that targeting certain lake-bordering areas in eastern DRC could lead to a sustainable decrease in recurrent cholera epidemics nationwide. The country’s 56 health zones are grouped into three categories:

A) Areas reporting cholera cases throughout the year, and where sustainable interventions to improve infrastructure, water, sanitation, and hygiene must be prioritized.
B) Health zones where prevention measures should be strengthened.
C) Health zones with significant economic and social exchange that can drive outbreaks, and where preventive measures must be focused to prevent the disease to spread nationally.

The National Plan details the steps and the cost of strengthening infrastructure and health systems in affected health zones to achieve significant impact. The first of its kind from a sub-Saharan African country, this document is an excellent reference for donors and actors working in and with developing countries that are looking for an overarching vision and a plan of action on a major public health problem.

As part of the African Cholera Surveillance Network, “Afritchol”, coordinated by the Agence de Médecine Préventive (AMP), the DRC conducts exhaustive case-based surveillance to identify groups most at risk of cholera outbreaks.

The full report (French only) is available at this link.
ACHIEVEMENTS OF THE EXPANDED PROGRAMME ON IMMUNIZATION (EPI) IN TURKMENISTAN
30/04/2013 from UNICEF Turkmenistan Country Office

During the early years of independence in the mid-1990s, Turkmenistan, like other countries in Central Asia, faced challenges in controlling vaccine-preventable diseases. Vaccine supplies were disrupted, affecting access to immunization services and causing outbreaks of almost-forgotten diseases. Notwithstanding, the immunization programme of Turkmenistan has managed to increase vaccination coverage and reduce mortality from vaccine-preventable diseases.

In 1994 the Government of Turkmenistan, with the financial support of UNICEF and the Government of Japan, restored the availability of basic vaccines in the country. Turkmenistan began receiving a full complement of pre-qualified, high-quality vaccines for primary immunizations. This resulted in an overall increase in infant vaccination coverage, control of the diphtheria outbreak and reduction of measles' incidences.

The following period, 1995-2000, brought particularly significant achievements. The coverage for DPT, measles, polio and BCG vaccines remained very high - over 95% - a coverage that was confirmed by results of the 2000 Demographic Health Survey. Furthermore, in 2002 Turkmenistan was recognized as a polio-free country.

In 2001 the Government declared a landmark change in national vaccine management with the full financing of vaccine-related procurement through the state budget. Since then high-quality, low-cost vaccines and safe injection equipment have been purchased through UNICEF. Moreover, the Government has been substantially increasing its budgetary allocation from US$ 5.9 million in 2006-2009 to more than US$22 million in 2010-2015, thereby flagging its strong commitment to quality healthcare services.

The Government maintains its commitment to ensure that every child in the country is fully vaccinated in line with the national immunization calendar through further strengthening of the health system, also focusing on remote and underserved urban and rural areas and increasing sustainability and effectiveness of the cold chain management system.

MEXICO BECOMES THE FIRST LATIN AMERICAN COUNTRY WITH AN ACCREDITED LABORATORY FOR QUALITY CONTROL OF SYRINGES USED FOR VACCINATION
30/04/2013 from Nora Lucia Rodriguez, WHO PAHO

On 17 April 2013, the Pan American Health Organization (PAHO) recognized Mexican authorities for having the first accredited laboratory for quality control of syringes used for vaccination in Latin America and the Caribbean.

PAHO considers the quality, safety and effectiveness of syringes used for vaccination of public health importance. Since 2005, the PAHO Immunization Programme (PCH/IM) has a quality control programme for syringes used for vaccination in national immunization programmes, particularly those purchased through the Revolving Fund for vaccine procurement. Following an assessment that supported that the laboratory CCAyAC/COFEPRIS (Comisionado Federal para la Protección contra Riesgos Sanitarios) met the International Norms ISO 17025, the laboratory received its accreditation. COFEPRIS has the capacity to analyze around 130 million syringes for vaccination per year.
**THE LAO PEOPLE’S DEMOCRATIC REPUBLIC CONDUCTS A SUCCESSFUL MULTI-ANTIGEN VACCINATION CAMPAIGN AND INTRODUCES JAPANESE ENCEPHALITIS VACCINE IN ITS NORTHERN PROVINCES**

30/04/2013 from Alejandro Ramirez, Abu Eltayeb, Kimberly Fox, Gabriel Anaya, An Zhijie, Sodbayar Demberelsuren, Maricel Castro and Kannitha Cheang, WHO; Ataur Rahman, Samphan Khamningsavath and Xu Zhu, UNICEF; Carolyn Sein, US CDC

The Lao People’s Democratic Republic conducted a successful multi-antigen vaccination campaign in eight northern provinces from 4-15 March 2013. The campaign aimed at preventing further diphtheria transmission after a recent outbreak, ensuring that polio immunity levels are maintained, and bringing Japanese encephalitis (JE) vaccination to Lao children for the first time. Recent surveillance data provide clear evidence that the northern provinces are endemic for JE.

During the campaign, around 900,000 children under 15 were vaccinated against one or more of these diseases. Vaccines included oral polio, pentavalent (DTP-hepatitis B-Hib), Diphtheria Tetanus (DT), Tetanus and Diphtheria (Td), and JE. This multi-antigen campaign required new logistical systems and recording tools to ensure that each child received the correct vaccines based on their age and vaccination history. Vaccination was delivered in schools, in health centres and village vaccination posts, and through mobile vaccination teams. The multi-antigen approach was found to be efficient and feasible in all settings.

The live attenuated JE vaccine used in the campaign was donated by its manufacturer, Chengdu Institute of Biological Products, through an agreement with PATH. WHO, UNICEF, US CDC, and Lux Development collaborated to support the campaign and to provide international monitors.

**UPDATE ON THE PROCESS OF DOCUMENTING AND VERIFYING MEASLES, RUBELLA AND CRS ELIMINATION IN THE AMERICAS**

30/04/2013 from Carlos Castillo, Katri Kontio and Pamela Bravo

The Pan American Health Organization (PAHO) will soon release a working technical document to present an update on the process of documenting and verifying measles, rubella and congenital rubella syndrome ( CRS) elimination in the Americas, including effective activities to maintain the elimination of both diseases at the regional level.

At present, all the national commissions, including those for the French Departments and the English/Dutch Speaking Caribbean, have had their elimination reports reviewed by the International Expert Committee (IEC), with the last one being submitted in March 2013. The IEC has reviewed national and regional data, and has provided feedback to countries for inclusion in their final submissions.

The report also highlights the several field visits that members of the IEC conducted to selected countries (Argentina, Colombia, Ecuador, Haiti and Peru) during 2012-13, with the purpose of following up on the last stages for documenting and verifying the elimination of these diseases. Members of the IEC were accompanied by experts on measles and rubella from the Centers of Disease Control and Prevention (CDC), to better address specific in-country challenges, and propose sound solutions.

Finally, the document presents the strategies and activities outlined in the Plan of Action to prevent the reintroduction of measles and rubella, which was presented and approved by PAHO’s Member States during the 28th Pan American Sanitary Conference in September 2012. The emergency plan calls on countries to strengthen active surveillance of measles, rubella and CRS, ensure timely outbreak response measures for imported viruses, and maintain vaccination coverage of 95% or more.

To request a copy of the working document, send an email.
MOZAMBIQUE LAUNCHES PNEUMOCOCCAL VACCINE PCV-10 INTO ITS NATIONAL IMMUNIZATION PROGRAMME (NIP)
30/04/2013 from Manuel Novela, WHO Mozambique

On 10 April 2013 in Boane District, the Mozambican Ministry of Health introduced the pneumococcal conjugate vaccine (PCV-10) into its national immunization. The launch was chaired by the Minister of Health, Dr Alexandre Manguele. The introduction of the PCV-10 was organized in collaboration with WHO, UNICEF, GAVI, USAID, Save the Children, VillageReach, Fundação para Desenvolvimento da Comunidade (FDC), and other partners.

“In Mozambique, similarly to the other countries of the region, pneumococcal disease is one of the main causes of death among children under five years though it is preventable through vaccination” said the Minister of Health at the launch. To lower infant mortality, and as part of the commitment to the Millennium Development Goals, the Ministry of Health is planning to vaccinate one million children every year through the routine immunization schedule.

During a press conference on 9 April 2013, Dr Mouzinho Saide, National Director for Public Health, assured that all logistical arrangements including cold chain and training of health care personnel were in place countrywide for the introduction of the new vaccine.

The Mozambican Ministry of Health is planning to introduce more vaccines in the coming years including rotavirus in 2014 and human papilloma virus for cervical cancer in 2015.

The PCV-10 launching ceremony took place just two weeks before the World Immunization Week from 22-28 April 2013. With the slogan: “Save Lives. Prevent disabilities. Vaccinate.” the Immunization Week in the African Region will this year focus on reinforcing routine vaccination targeting unimmunized children to reduce mortality from preventable diseases.

FINDINGS FROM THE POST INTRODUCTION EVALUATION OF PENTAVALENT VACCINE IN NIGERIA
30/04/2013 from Crépin Hilaire DADJO, WHO IST West Africa

Nigeria introduced the pentavalent vaccine in the national immunization schedule in June 2012 with a partial introduction in an initial 14 States. In line with WHO recommendations, a formal PIE (Post Introduction Evaluation) was completed in March 2013 to evaluate the impact of the newly introduced vaccine on the EPI Programme and provide recommendations for possible corrective actions. With the planned introduction in remaining states of the same vaccine and the roll-out of PCV10 scheduled for 2013, there were also high expectations for lessons learnt from this first experience to directly inform the upcoming interventions.

The evaluation was conducted by staff from the Ministry of Health, WHO, MCHIP (Maternal and Child Health Integrated Programme), the Targeted States High Impact Project and the Clinton Health Access Initiative (CHAI). The evaluation mission visited all 14 States with 42 Local Government Areas and 84 health facilities visited. A total of 235 mothers/caretakers were also interviewed. A random selection of sites coupled with different levels of performance of the health system was the key criteria used for selecting the locations to be evaluated. Programmatic areas evaluated included planning, data and vaccine management, Adverse Event following Immunization handling, training and communication.

On the whole, the introduction was found to have been very well conducted. The team of investigators were able to capture the strengths and weaknesses of every component. In their conclusions, they brought clear recommendations to the attention of the Federal Government. For instance, to avoid future stock-outs in the country, the actual vaccine needs should be accurately forecasted, and the repairing and maintenance of cold chain equipment need to be institutionalized. Investigators also called for a critical evaluation of the immunization data, mostly at the federal level, to improve on the data tools and data systems. In the area of communication/social mobilization, it has been suggested to continue to increase and monitor the vaccine uptake and impact on Routine immunization. The training of health workers should continue through supervision and the development of a training video has been proposed to ease a smooth PCV introduction.
PARAGUAY AND URUGUAY INTRODUCE THE HUMAN PAPILOMAVIRUS VACCINE
30/04/2013 from Andrea Vicari, PAHO HQ

In March and April 2013, Paraguay and Uruguay became the ninth and tenth country of the Region of the Americas respectively to carry out nationwide introduction of a vaccine against human papillomavirus (HPV). The age-standardized cervical cancer mortality estimated for 2008 was 16.6 and 6.8 deaths per 100,000 women for Paraguay and Uruguay, respectively (the estimate for Latin America and the Caribbean was 10.8).

In Paraguay, HPV vaccination targets girls aged 10 and 11 years (i.e., cohorts born in 2002 and 2003). Vaccination is mainly school-based. However, the implementation plan also includes specific efforts to reach out to the indigenous population, girls living with disabilities, and vulnerable groups, through volunteers from health colleges. The significance of this introduction is also that Paraguay is the first lower-middle income country in the Americas to vaccinate against HPV nationally.

In Uruguay, the HPV vaccine is offered to girls aged 12 years in health care clinics and physician offices. As opposed to the other vaccines included in the national immunization schedule, HPV vaccination is not mandatory and vaccinees are requested to sign an informed consent. Public messages highlight the importance to complete the three-dose immunization series. The vaccine introduction in Uruguay is part of a comprehensive national plan for cervical cancer prevention and control that reaffirms since March 2013 the offer of Pap screening to adult women. HPV vaccination is also leveraged to convey sexual education to the adolescents.

The HPV vaccine is currently offered through PAHO EPI Revolving Funds at prices of US$ 13.08 and US $13.79 per dose for the bivalent and tetravalent vaccines, respectively. Paraguay acquired the HPV vaccine by means of this mechanism.

NEW PLAN TO ADDRESS DIARRHOEA AND PNEUMONIA COULD SAVE 2 MILLION CHILDREN A YEAR
30/04/2013 from Hayatee Hasan, WHO HQ

A new Global Action Plan launched on 12 April by WHO and UNICEF calls for closer integration of efforts to prevent and treat diarrhoea and pneumonia.

The Plan sets clear goals for the world to achieve by 2025: a 75% reduction in incidence of severe pneumonia and diarrhoea from 2010 levels among children under five, and the virtual elimination of deaths from both diseases in the same age-group. It also aims for a 40% reduction in the global number of children under five who are stunted.

The action Plan brings together critical services and interventions to create healthy environments, promotes practices known to protect children from disease and ensures that every child has access to proven and appropriate preventive and treatment measures.

For more information on the Global Action Plan, go to this [website](#).
WHO STRATEGIC ADVISORY GROUP OF EXPERTS (SAGE) ON IMMUNIZATION: REQUEST FOR NOMINATIONS
30/04/2013 from Hayatee Hasan, 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 28 June 2013. In view of the current SAGE membership, nominations are solicited for experts from the African, Eastern Mediterranean, European 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. Instructions for nominations are available at this link.

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 extends to all vaccine-preventable diseases as well as to all age groups. 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.

CHILDREN IN SOMALIA RECEIVE NEW VACCINATION AGAINST DEADLY DISEASES
30/04/2013 from Hayatee Hasan, WHO HQ

The Somali authorities launched a new five-in-one-vaccine against several potentially fatal childhood diseases, which could save thousands of lives. From 24 April 2013, Somali children will receive the pentavalent vaccine, a combination of five vaccines in one against diphtheria, tetanus, pertussis (whooping cough), hepatitis B and Haemophilus influenzae type b (Hib).

More than 1.3 million doses of pentavalent vaccine have been provided to Somalia for 2013 and will be used to immunise children under one year of age. Pentavalent vaccines will be delivered to the 425,000 children born each year in Somalia through existing health structures as well as community health workers at district level. Each child will require three doses of the vaccine.

BETTER SUPPLY SYSTEMS KEY TO REACH ALL CHILDREN WITH LIFE-SAVING VACCINES
30/04/2013 from Hayatee Hasan, WHO HQ

In advance of WIW 2013, WHO issued a press release highlighting the need for better supply and logistics systems if we are to reach the estimated 22 million children in developing countries who are still not protected from dangerous diseases with basic vaccines. The press release was issued in conjunction with the publication of the Decade of Vaccines supplement in the journal Vaccine.

Many countries encounter serious challenges in vaccine supply and logistics, from inability to keep vaccines at the correct temperature, to record keeping which enables community health workers to ensure the right vaccines reach the children who need them. “We have seen some major advances in the development and delivery of vaccines in the past few years,” said Dr Flavia Bustreo, Assistant Director-General at WHO. “But many countries still face obstacles in getting life-saving vaccines to every child who needs them.”
MEETING GLOBAL IMMUNIZATION CHALLENGES
30/04/2013 from Hayatee Hasan, WHO HQ

An Immunization Information Session for Geneva-based missions and NGOs was held in Geneva on 22 April. The Session is hosted by WHO, UNICEF, GAVI Alliance, the Permanent Mission of Sweden to the UN, the Permanent Mission of Senegal to the UN, and PATH.

The Session is a follow-up to the information exchange with the Missions last year and provided Permanent Missions in Geneva an opportunity to comment and ask questions on World Immunization Week; Global Vaccine Action Plan implementation progress; and the Global Action Plan for Prevention and Control of Pneumonia and Diarrhoea.

To watch the webcast of the Session, click on this link.

Meetings/Workshops

TRAINING OF NATIONAL TRAINERS ON MID LEVEL MANAGEMENT OF IMMUNIZATION PROGRAMME
30/04/2013 from UNICEF Country office, Uzbekistan

Location: Tashkent, Uzbekistan Dates: 25-29 March 2013
Participants: Thirty participants from national- and province-level EPI departments, medical universities and schools in Uzbekistan.
Purpose: The main objective of this in-country Mid-Level Management (MLM) workshop was to strengthen the capacity of the health staff working in the field at a middle-level manager role and to help the medical faculties to improve their curricula through the inclusion of immunization modules.

Details: UNICEF and WHO provide policy support and technical assistance to the Government of Uzbekistan to strengthen and sustain the National Immunization Programme. This includes assisting in introduction of new antigens, improving vaccine management, building capacity of vaccinators and facilitating vaccine procurement for routine immunization through UNICEF’s Supply Division. Immunization of all age groups is now financed fully from the state budget.

The training was organized within the framework of UNICEF’s efforts to ensure achievements and sustainability of the immunization programme in collaboration with WHO. The training focused on vaccine management, waste management, immunization safety, community participation and mobilization, and better coordination between management levels.

Since 2009, the International Children’s Center (ICC), a collaborating center of WHO Regional Office for Europe, conducts semi-annual regional workshops in Ankara, Turkey to train national facilitators from European countries on MLM modules updated by WHO. The MLM workshop in Uzbekistan was the first such training conducted outside the ICC campus.

Uzbek participants of regional workshops in Ankara served as co-facilitators during the Tashkent training.
THIRD GLOBAL FORUM ON THE TUBERCULOSIS VACCINES
30/04/2013 from Melody Kennel, Aeras

**Location:** Cape Town, South Africa  
**Dates:** 25-27 March 2013

**Participants:** Over 250 scientists, researchers, policymakers, industry representatives, and advocates from 25 different countries attended, as well as high level participants from WHO, European & Developing Countries Clinical Trials Partnership (EDCTP), the European Commission, the European Investment Bank, the South African Department of Health, and the South African Department of Science & Technology. The Right Honorable Nick Herbert MP and Lord Norman Fowler from the UK, and Congressman Jim McDermott from the US also participated. The Forum was opened by singer and humanitarian Yvonne Chaka Chaka, Lucica Ditiu of the Stop TB Partnership, and the Director-General of the South African Department of Health, Precious Matsotso.

**Purpose:** The Global Forum on TB Vaccines is held every two-three years, bringing together stakeholders from around the world to share groundbreaking research, promote partnerships and collaboration across sectors, and accelerate and streamline Tuberculosis (TB) vaccine research and development (R&D).

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**Details:** The Third Global Forum took place in South Africa, which bears one of the highest TB burdens in the world, but is also at the forefront of research and innovation to address the TB epidemic. Among new findings presented at the conference were the results of a modeling study by the London School of Hygiene & Tropical Medicine suggesting that new efficacious TB vaccines for adolescents and adults could alleviate up to 67 million cases of TB and 8 million deaths over 2024-2050 in the 22 high-burden countries, and would be cost effective. Discussion during the Forum also reinforced the importance of a diversified pipeline of candidates, the need to conduct clinical trials more quickly and cost-effectively to advance the field and inform further research, and the importance of a portfolio management approach to maximize effective use of resources. New TB vaccines are an essential tool for ending the global TB epidemic.

VACCINE SAFETY WORKSHOP
30/04/2013 from WHO PAHO

**Location:** Santiago, Chile  
**Dates:** 8-12 April 2013

**Participants:** Sixty participants representing Chile’s fifteen administrative regions; staff from the National Immunization Program (NIP) and the National Regulatory Authority (NRA). Additionally, four officers from Colombia’s NIP and NRA also participated in this workshop.

**Purpose:** To strengthen national and sub national local capacity on vaccine safety, including surveillance of Events Supposedly Attributable to Immunization or Vaccination (ESAVI), causality assessment and risk communication.

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**Details:** The four-and-a-half-day workshop consists of seven core modules, which addresses the main work areas of vaccine safety: a) NRA; b) Laboratory for quality control; c) Injection safety; d) Clinical aspects of ESAVI; e) Introduction to causality assessment; f) ESAVI surveillance; g) Risk communication. The training follows a problem-based approach to learning, and facilitators created an open forum and a positive atmosphere so that free exchange and discussion can happen between them and the participants as well as between participants.

During the workshop, a keynote lecture on the safety profile of thiomersal-containing vaccines was given by Dr Herminio Hernandez, renowned safety expert and president of Peru’s ESAVI National Committee. Hernandez highlighted the recent scientific evidence available, which reaffirmed that thiomersal-containing vaccines are safe and irreplaceable components of immunization programs, particularly in developing countries. Given the importance of this topic, another international keynote lecture with members of scientific societies, and sub-national health authorities will be held in August.

The workshop also provided an opportunity to discuss the guidelines for setting up the National ESAVI Committee, as well as the standardization of operational procedures of the collaborative work that Immunization Programs and NRAs are involved, as part of the ESAVI surveillance system.

The Chilean NIP is interested to assess the impact of this workshop within the next six months; thus, the NIP will work with PAHO to establish some indicators.
WORKSHOP FOR ROTAVIRUS GENOTYPING
30/04/2013 from Gloria Rey-Benito, WHO PAHO

Location: Rio de Janeiro, Brazil     Dates: 11-22 March 2013
Participants: Representatives from ten out of 16 national rotavirus laboratories in the Region (Bolivia, Chile, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Peru, Paraguay, and Venezuela), as well as officials from the Pan American Health Organization (PAHO) and the Oswaldo Cruz Foundation, a Regional Reference Laboratory.
Purpose: To train representatives of national laboratories in techniques for the detection and typing of rotavirus and to review the role of the national laboratories in the hospital-based sentinel surveillance of rotavirus diarrhea in the Americas.

Details: Workshop participants discussed various aspects related to rotavirus (RV): general characteristics; pathophysiology of infection; detection of RV through Polymerase Chain Reaction (PCR); basic phylogenetic analysis; multiplex Reverse Transcription-Polymerase Chain Reaction (RT-PCR) for RV genotyping; study and characterization of emerging RV genotypes and their epidemiological importance; challenges with RV vaccines; and progress and challenges related to RV hospital-based sentinel surveillance.

Presentations on laboratory practices focused on preparation of fecal suspensions, extraction of nucleic acids, preparation of gel and polyacrylamide electrophoresis, polyacrylamide gel staining, multiplex RT-PCR for RV genotyping, and how to troubleshoot potential problems.

In order to facilitate the comparability of results between countries, it has been recommended that different procedures used in the lab network be standardized, particularly those related to sample storage, Ribonucleic Acid (RNA) extraction, and the use of primers and commercial reagents. Following recommendations by the Technical Working Group of the Global Network of WHO Rotavirus Surveillance in 2012, the importance of harmonizing genotyping protocols was also highlighted. Standardized practices and protocols will facilitate better training of laboratorians, decrease the percentage of non-typeable strains (NT), and improve the quality of genotyping data in the Americas.

Other recommendations focused on technical issues intended to improve genotyping data, alternative primers to be used for genotyping the G and P strains, good practices for quality control/quality assurance, and strategies to enhance the role of national laboratories in rotavirus sentinel surveillance.

MATERNAL AND NEONATAL TETANUS PRE-VALIDATION ASSESSMENT IN GABON

Location: Gabon     Dates: 4-8 March 2013
Purpose: To assess the performance of MNTE programme in Gabon and determine site for the validation survey.

Details: The maternal and neonatal tetanus (MNT) pre-validation assessment in Gabon was conducted from 4-8 March 2013 and the conclusion was that the country is ready to claim validation for elimination of MNT. The conclusion is based on the joint data review by UNICEF, WHO and Ministry of Health. Critical data for consideration were improved coverage of Tetanus Toxoid (TT) 2+ and the high rate of skilled birth attendance in almost all regions as confirmed by the Demographic Health Survey 2012 and the 2012 Immunization Coverage Survey. Prior to the assessment, Gabon, as one of the 59 high risk countries for MNT globally, conducted 3 rounds of TT campaigns in 20 high risk districts reaching approximately 80,000 women in 2009-2010 including improvement of clean delivery. The provinces identified as poorest performing and at highest risk for MNT are Ogooué-Ivindo, Ngounie, Nyanga and Woleu Ntem covering a minimum of 10,000 live births needed for the validation survey which will be held from 8-22 July 2013.
EIGHTH INTERNATIONAL CONFERENCE ON TYPHOID FEVER AND OTHER INVASIVE SALMONELLOSES

30/04/2013 from J. Austin Lee, Olwen Jaffe, and Christopher B. Nelson, Coalition against Typhoid Secretariat at the Sabin Vaccine Institute

Location: Dhaka, Bangladesh  Dates: 1-2 March 2013

Participants: The conference was organized by the Coalition against Typhoid (CaT) Secretariat, alongside our partners at the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), the International Vaccine Institute (IVI) and the Bangladesh Pediatric Association (BPA) with over 500 international and local registrants.

Purpose: The 8th International Conference on Typhoid Fever and Other Invasive Salmonelloses brought together many of the leading clinicians, scientists, and researchers in enteric fever and iNTS from around the globe.

Group photo during the eighth international conference on typhoid fever and other invasive salmonellosis

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Details: In his introductory remarks, Dr John Clemens noted, “This is, in my view, the meeting for typhoid and invasive salmonelloses. There really is none better. It’s a place where absolutely cutting edge information is presented and, perhaps equally or more importantly, it’s a place where the who’s-who of the field congregates providing wonderful opportunities for forming relationships and collaborations.”

Conference participants heard from nearly sixty presenters across the two days of meetings. In addition to providing key updates, several speakers emphasized that important progress is expected in the near future.

Importantly, the Conference brought together for the first time all developers and manufacturers of next generation typhoid polysaccharide protein conjugate vaccines (ViCVs). These vaccines can provide high levels of durable protection starting in infancy. ViCVs from manufacturers in China and India are currently under review for licensure.

In an effort to define the regulatory pathway for ViCVs, the World Health Organization convened a meeting to discuss draft Guidelines on the Quality, Safety and Efficacy of Vi Polysaccharide Conjugate Vaccines on 29-30 April 2013 in Geneva. Once finalized, these Guidelines will establish the basis for evaluating ViCVs for WHO Prequalification.

Related to this, a WHO international collaborative study is being launched to establish a reference serum standard. The study will be led by NIBSC and include nine participating laboratories worldwide. The study includes the candidate preparation and the Vi human reference Vi-IgGR1 prepared by Dr Shousun Szu of NICHD/NIH in the US.

The Coalition against Typhoid encourages everyone to visit the Eighth International Conference website and explore other conference highlights, including speaker presentations, poster abstracts, and conference photos.

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EXPAND THE NETWORK

Invite a friend, colleague, organization or network to subscribe to the GIN. Invite them to subscribe by asking them to send an email to listserv@who.int with the following exact text in the body of the email: "subscribe GLOBALIMMUNIZATIONNEWS"
COLD CHAIN LOGISTICS (CCL) STRATEGIC PLANNING WORKSHOP
30/04/2013 from Tin Htut, UNICEF Myanmar

Location: Nay Pyi Taw, Myanmar Dates: 1-5 April 2013
Participants: Sixty one participants representing responsible persons from all level of vaccine distributions. Mr Ticky Raubenheimer, international consultant supported by UNICEF HQ, regional and Country Office staff and WHO Country Office staff facilitated the workshop. Dr Vu Minh Huong, Senior Team Leader, PATH was also invited.

Purpose: Objectives are to review the current cold chain logistics strategic landscape and study results and to develop eight strategic options to strengthen the cold chain logistics of the immunization programme of Myanmar.

Details: During 2011 to 2013, Central Expanded Program of Immunization (CEPI) CCL activities received new attention, such as 1. Effective Vaccine Management Assessment (EVM), 2. Undertaking of EVM Assessment Improvement Plan activities, and 3. Launch of Pentavalent vaccine with government co-financing.

Through consolidating studies results and lessons learnt from the above activities, eight CCL strategic options were identified to improve CCL.

During a landscaping phase, documents and policy statements were gathered and in the workshop participants were divided into nine groups and debated:
1. Use and expansion of township medical office stores for logistical and stock management
2. Maintenance of national equipment and repair inventory database and reporting system
3. Development of NQP/Standard Operating Procedures/Contingency Plan
4. Implement an equipment and building preventative maintenance plan in the CEPI annual budget
5. Design of a wastage management system for unopened vials
6. How to maximize the cold chain engineers’ effectiveness
7. proposed human resource career path for CCL Officers and a national CCL Training Plan
8. Review and implementation of vaccine transport requirements

Summary recommendation includes to engage concerned departments and division under Ministry of Health, to agree to the new staff structure, creation of technical support team as part of health system strengthening, initiate training staff at all levels and start preparing CCL for the introduction of new vaccines such as Measles/Rubella.

Future Events
ENERGY & CONNECTIVITY FOR HEALTH
30/04/2013 from Keiko Valente, UNICEF NY

Location: New York, USA Dates: 12 June 2013
Participants: We are currently inviting expressions of interest to share ideas, innovations, or others suggestions that could help connect ‘off-grid’ communities with power and connectivity. If you have something to contribute, we would like to hear from you. Please write to Osman Mansoor and to Keiko Valente by 10 May 2013.

Purpose: A one-day forum to share ideas that can bring energy and connectivity to ‘off-grid’-communities for health needs, including vaccine fridges.

Details: The goal is to establish a “marketplace of ideas” around technology and options to provide remote communities with power and connectivity for their health needs. The specific objectives include:
1. Explore the range of options with capacity in different contexts
2. Reach consensus on which ideas, approaches and innovations have the greatest potential for nation-wide implementation
3. Agree on the next steps needed for each of those identified

By the end of the workshop, we hope to have collectively identified a range of solutions to explore a process of technology adoption and adaptation that achieve efficient and effective outcomes for different country contexts. To do so, we expect to cover the following:
• Technical strategic support to countries looking to invest in sustainable energy technologies that alleviate energy poverty and enable connectivity for health needs
• Theft prevention of PV panels through community ownership and other methods
• Community development through setting up micro-businesses to provide energy
• Importance of connectivity.
Global Immunization News

New Resources

CORE VARIABLES FOR ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)
30/04/2013 from Madhava Ram Balakrishnan, Ahmed Bellah, Philipp Lambach, Christine Maure, Patrick Zuber, WHO HQ

Optimal monitoring and meaningful analysis of Adverse Event Following Immunization (AEFI) requires systematic and standardized collection of critical parameters. A limited number of variables are required to properly manage AEFI information. This includes a unique identification of the report, the primary source of information, patient characteristics, details of the event(s) and vaccine(s) concerned, and the possibility of collecting additional information if needed.

Comparing AEFI reporting forms from a sample of emerging countries, a WHO working group developed a core data set that was endorsed by the Global Advisory Committee on Vaccine Safety (GACVS) in June 2012. This data set includes 22 variables, ten of which have been identified as critical. This simple structure is expected to provide countries with a harmonized template that will simplify AEFI reporting and allow for comparisons and pooling of essential information for action.

A sample reporting form incorporating the core variables identified has been developed. This form provides a template that countries could adapt to suit the needs of their own immunization programmes. The core variables will also enable countries to develop standard line lists. WHO is currently using core variables to develop a computer-based application to collect AEFI data that could be easily tailor-made to country specific requirements and/or integrated with country’s existing Health Management Information Systems.

Additional information or comments related to collection of AEFI data can be requested or provided through this email.

NEW PAHO METHODOLOGY FOR THE INTERNATIONAL EVALUATION OF THE EXPANDED IMMUNIZATION PROGRAMME
30/04/2013 from Alba Maria Ropero, Martha Velandia, Carolina Danovaro, Hannah Kurtis and Pamela Bravo, WHO PAHO

The Pan American Health Organization (PAHO) recently launched a new version of its Methodology for the International Evaluation of the Expanded Programme on Immunization (EPI). To update the methodology, PAHO officials, with support from selected country representatives, conducted an exhaustive review of the existing methodology and similar documents, and took into account lessons learned from conducting EPI evaluations, new donor requirements, and new challenges, such as the introduction of new vaccines and technologies.

Using qualitative and quantitative methods, the EPI evaluation (aka EPI review) methodology can be employed to monitor the progress made by immunization programs and evaluate their development and technical and financial capabilities. The evaluation also serves as a management tool for strengthening the EPI during its transition from child vaccination to family vaccination.

The evaluation should be implemented at every political and administrative level in the evaluated country: national, sub-national, and local. At each level, interviews should be conducted with users as well as professionals working in the health sector, civil society, sub-national and local governments, and national and international cooperation agencies.

The methodology is flexible and can be adapted to the conditions in each country where it is applied. To do so, the evaluating team should take into account the country’s healthcare system, social and health policies, and the way in which the EPI operates within that health system, paying particular attention to recommendations that help strengthen the EPI.

The methodology, available in Spanish and French, can be accessed at this link. The English version will be available shortly.
**ROTAVIRUS HEALTH WORKERS TRAINING MATERIALS ON WHO WEBSITE**

WHO website now has training materials for both presentations, Rotax® and Rotateq™. These are basic materials to train health workers for countries introducing Rotavirus vaccine (with or without age restrictions).

To access the training materials, go to this [link](#).

**TRACKING ANTI-VACCINATION SENTIMENTS IN EASTERN EUROPEAN SOCIAL MEDIA NETWORKS**

30/04/2013 from Oya Zeren Afsar, UNICEF CEE/CIS

Marking the World Immunization Week, an innovative UNICEF working paper tracks the rise of online anti-vaccination sentiments in Central and Eastern Europe. Using state-of-the-art social media monitoring tools, the paper provides evidence that parents are actively tapping into social media networks to decide whether to immunize their children. It also details key language and arguments used, as well as the influencers shaping the online conversation. The paper was developed jointly by UNICEF Social and Civic Media Section and UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS).

Main findings are:

- In all four languages, blogs are the most frequently used channel followed by Facebook. Twitter is the second largest channel in Russian.
- Most of the interactions are taking place in forums. While female audiences tend to focus on issues such as developmental disabilities, chemical and toxins, and side effects; men focus on arguments around conspiracy theories and religious/ethical beliefs. Participants discussing anti-vaccination sentiments are 56% female and 44% male.
- During the observed time period, more messages in English are recorded using key words stemming from conspiracy theories, distrusts against governments and pharmaceutical industry. Religious and ethical beliefs, distrust against U.S. and western governments drive the Russian language discussions.
- Anti-vaccination opinion leaders in the online world show varying characteristics. Some have no college education while others are in the medical field (such as nurses). Often they appear well educated in alternative medicine and subscribe to social channels of homeopaths and alternative medicine advocates.

The study reveals the urgent need to invest further in analyzing vaccine hesitancy, and immunization partners to develop joint strategies to tackle with this trend.

For further information on social media monitoring, please contact Sebastian Majewski or Lely Djuhari.
# Regional Meetings and Key Events Related to Immunization

## Regional Meetings & Key Events Related to Immunization

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<tr>
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<td>Meeting of the Regional International Expert Committee (IEC) on Measles and Rubella Elimination</td>
<td>Washington DC, USA</td>
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<tr>
<td>13-17</td>
<td>Regional Workshop to revise EPI pre-service curricula for Medical/Nursing schools</td>
<td>Abidjan, Côte d’Ivoire</td>
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<tr>
<td>20-28</td>
<td>66th World Health Assembly</td>
<td>Geneva, Switzerland</td>
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<td>27-01Jun</td>
<td>5th Regional Vaccinology Course for Anglophone countries</td>
<td>Pretoria, South Africa</td>
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<td><strong>JUNE</strong></td>
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<td>4-5</td>
<td>EURO Regional Polio Certification Commission</td>
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<td>4-6</td>
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<td><strong>JULY</strong></td>
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<td>3-5</td>
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<td>5th European Congress of Virology 2013</td>
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<tr>
<td>16-20</td>
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<td>30-4 Oct</td>
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### Regional Meetings and Key Events Related to Immunization

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<td>Workshop on the Methodology to Reach the Unvaccinated Child</td>
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<td>8-10</td>
<td>OCTOBER 8-10</td>
<td>Immunization Practices Advisory Committee</td>
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<tr>
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<tr>
<td>04-05</td>
<td>DECEMBER 4-5</td>
<td>Global Advisory Committee on Vaccine Safety Meeting</td>
<td>Geneva, Switzerland</td>
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## 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)
- PATH Rotavirus Vaccine Access and Delivery Website
- RHO Cervical Cancer (HPV Vaccine)
- WHO/ICO Information Center on HPV and Cervical Cancer
- SIGN Updates
- Technet

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

## Global Websites
- International Vaccine Access Center
- American Red Cross Child Survival
- PAHO ProVac Initiative
- NUVI Website
- Gardasil Access Program
- Maternal and Child Health Integrated Program (MCHIP)
- LOGIVAC Project
- Africhol
- Coalition Against Typhoid
- Immunization Service Delivery
- European Vaccine Initiative
- Africa Routine Immunization Systems Essentials Project (ARISE)
- Vaccines Today

## Newsletters
- PAHO/Comprehensive Family Immunization Program-FCH: Immunization Newsletter
- The Civil Society Dose - A quarterly newsletter of the GAVI CSO Constituency
- Optimize Newsletter
- Technet Digest
- PATH’s RotaFlash – breaking news on rotavirus disease and vaccines