



# GLOBAL IMMUNIZATION NEWS

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**26 December 2007**

## **TECHNICAL INFORMATION**

### **GLOBAL IMMUNIZATION MEETING**

**26/12/07 from Beth Mathews, WHO/HQ:** In collaboration with UNICEF and the GAVI Secretariat, WHO is organizing the third Global Immunization Meeting to be held in Geneva, from 19-21 February 2008. Structured around the four strategic areas of GIVS, the meeting will provide a forum for technical updates and feedback between WHO and UNICEF global, regional and country staff as well as immunization partners. The focus will be on programmatic issues related to global immunization efforts; monitoring progress of GIVS and global immunization efforts; and sharing policy decisions from SAGE and recommendations from the Global Advisory Group on Vaccine Safety.

### **HPV**

**26/12/07 from Tiequn Zou, WHO/HQ:**

#### **HPV LabNet Website**

The HPV LabNet website was launched on 12 December 2007:

[http://www.who.int/biologicals/areas/human\\_papillomavirus/WHO HPV LabNet/en/index.html](http://www.who.int/biologicals/areas/human_papillomavirus/WHO_HP_V_LabNet/en/index.html)

#### **HPV Meeting - January 2008**

As a consequence of the recent advances in HPV vaccine development, HPV experts in unison have recognized the need for harmonization of HPV laboratory assays at the outset of the development and implementation of new HPV vaccines. At the WHO meeting held in Geneva, 15-17 August 2005 (<http://www.who.int/vaccines-documents/DocsPDF06/845.pdf>), a group of experts recommended the establishment of a global HPV laboratory network, to contribute to improving quality of laboratory services for effective surveillance and HPV vaccination impact monitoring.

WHO has launched the global HPV LabNet in 2006

([http://www.who.int/vaccine\\_research/diseases/hpv/labnet\\_call/en/index.html](http://www.who.int/vaccine_research/diseases/hpv/labnet_call/en/index.html)). In order to facilitate the progress and ensure the LabNet activities are in line with the global expectations/needs, a "WHO meeting on standardization of HPV assays and the role of HPV LabNet in supporting HPV vaccine introduction" is being planned in 23-25 Jan 2008, Geneva, WHO/HQ.

The main objectives of the meeting are to:

- Review current status in HPV testing areas towards standardization
- Review progress in development of International Standards and potential needs for standardization
- Review current status and progress made by WHO global HPV LabNet and plan for the next
- Discuss role and function of HPV LabNet in supporting global HPV vaccine introduction
- Review concepts and basic structure of a WHO HPV laboratory manual

The meeting will be held in a broad forum by including experts from WHO global HPV LabNet, other academia institutions in the field, national regulatory authorities involved in HPV vaccine introduction, WHO regional offices, vaccine industry, and the other bodies in the relevant HPV research field.

**26/12/07 from Scott LaMontagne, PATH:** An HPV vaccine study (using Gardasil®) evaluating alternative dose schedules began enrolment in Vietnam in October 2007. The school-based study, involving approximately 800 girls 11-13 years of age, is sponsored by PATH's Cervical Cancer Vaccine Project and is designed to assess the immunogenicity of three alternative vaccine schedules (quarterly, semi-annual, and

annual) compared to the recommended 0, 2, 6 month schedule. If immunogenicity is demonstrated to be non-inferior to the recommended schedule, alternative schedules could be considered in order to increase vaccine coverage and efficiency of administration. This would allow Vietnam and other countries to minimize costs and maximize delivery of HPV vaccine by choosing schedules that fit with local health activities.

## MEASLES

**26/12/07 from Hayatee Hasan, WHO/HQ:**

### **Africa achieves measles goal four years early**

Measles deaths in Africa fell by 91% between 2000 and 2006, from an estimated 396 000 to 36 000, reaching the United Nations 2010 goal to cut measles deaths by 90% four years early. The spectacular gains achieved in Africa helped generate a strong decline in global measles deaths, which fell 68% worldwide -- from an estimated 757 000 to 242 000 -- during the same period. In a 29 November joint Measles Initiative media release, the Director-General said, "This is a major public health success and a tribute to the commitment of countries in the African region." The WHO Regional Director for Africa, Dr Luis Sambo, hailed this achievement as a "remarkable success in combating vaccine-preventable diseases, and reducing overall childhood mortality." For more information, visit:

<http://www.who.int/mediacentre/news/releases/2007/pr62/en/index.html> and

<http://www.afro.who.int/press/2007/pr20071130.html>

## POLIO

**26/12/07 from Oliver Rosenbauer, WHO/HQ:**

### **Polio eradication: advisory body lauds progress in curbing type 1 Polio - Type 1 polio transmission well-positioned for interruption in 2008**

Convening at WHO's headquarters in Geneva on 27-28 November 2007, the Advisory Committee on Poliomyelitis Eradication (ACPE) - the independent, technical body providing strategic guidance on polio eradication - hailed global progress in curbing type 1 wild poliovirus transmission. Following strategic and wide-scale use of monovalent oral polio vaccine type 1 (mOPV1), strong headway has been made in curbing transmission of this particular serotype. The more dangerous of the two remaining serotypes (the other being type 3) given its higher paralytic attack rate and ability to spread across wide geographic areas to cause outbreaks, the ACPE reviewed epidemiologic data from the four remaining endemic countries (India, Nigeria, Pakistan and Afghanistan), and concluded that the headway made against type 1 now meant that transmission of this serotype is well-positioned to be interrupted in 2008. Type 1 transmission is at a historic low globally, including in several of the most historically-entrenched reservoirs. In Uttar Pradesh, India, no type 1 cases have occurred since August 2007, despite the high season for wild poliovirus transmission in the second half of the year. As significantly, in the core highest-risk districts of western Uttar Pradesh - including Moradabad and surrounding areas - no type 1 cases have been reported in over a year (since October 2006). In the other three endemic countries, efforts to curb type 1 polio have also resulted in strong epidemiological progress, as globally, type 1 cases decreased by 84 percent in 2007, compared to 2006. The ACPE endorsed strategies to continue to maintain pressure on type 1, while responding to type 3 polio cases as swiftly as possible, through use of monovalent oral polio vaccine type 3 (mOPV3). The full report of the conclusions and recommendations of the ACPE is available at [www.polioeradication.org](http://www.polioeradication.org) and will also be published in the Weekly Epidemiological Record (WER) on 18 January 2008.

To fully implement the strategic recommendations of the ACPE, and continue to exploit the progress achieved, requires the ongoing support of donors. Globally, the Global Polio Eradication Initiative faces a funding gap of US\$265 million for 2008, with additional funds needed for 2009 and beyond. The updated Financial Resource Requirements 2008-2012 will be published in January 2008.

## RABIES

**26/12/07 from Alison Brunier, WHO/HQ:** A revised WHO position paper on rabies vaccines was published in the WHO Weekly Epidemiological Record on 7 December 2007: [http://www.who.int/wer/2007/wer8249\\_50.pdf](http://www.who.int/wer/2007/wer8249_50.pdf). This paper is available in English and French. It is currently being translated into Arabic, Chinese, Russian and Spanish.

The revised paper reflects recent epidemiological data, scientific developments and accrued programmatic experience in the field of rabies immunization. As compared with the 2002 position paper, the current document puts more emphasis on the need to replace the reactogenic and less potent nerve tissue-based rabies vaccines by modern, safe and efficacious cell culture-based vaccine products. It is strongly recommended that the production and use of nerve tissue vaccine for human prophylaxis be discontinued and replaced as soon as possible by modern cell culture vaccines.

The current position paper also underlines that cell culture-based rabies vaccines that have been specifically authorized for intradermal immunization represent an alternative to standard administration by the

intramuscular route. The use of the dose-saving intradermal route for both pre-exposure and post-exposure prophylaxis should be considered in settings where modern rabies vaccines are unaffordable and/or in short supply. In several countries the introduction of the intradermal route for post-exposure prophylaxis has permitted discontinuation of the production and use of nerve tissue-based vaccines.

Finally, the revised position paper emphasizes that periodic booster injections of rabies vaccines are recommended only for persons whose occupation puts them at continuous or frequent risk of rabies exposure. In such cases, a booster dose should preferably be given at intervals dictated by regular testing for antibodies to rabies virus. Where facilities for serological testing are unavailable, booster vaccination every five years may be an acceptable alternative.

The updated position paper includes a limited number of key references. Additional references with abstracts can be found at [http://www.who.int/immunization/Refs\\_Rabies\\_Dec\\_2007.pdf](http://www.who.int/immunization/Refs_Rabies_Dec_2007.pdf)

The 7 December 2007 position paper on rabies vaccines replaces the corresponding paper published in the Weekly Epidemiological Record on 5 April 2002 (2002, 77, 109-120). Its conclusions and recommendations are in line with those of the WHO Expert Consultation on Rabies (TRS 931, 2005). The final text was reviewed and endorsed by WHO's Strategic Advisory Group of Experts on Immunization at its meeting of 6-9 November 2007.

## **SAGE MEETING - NOVEMBER 2007**

**26/12/07 from Alison Brunier, WHO/HQ:**

**Advisory Group makes recommendations on Key Vaccine Issues** - The second meeting of 2007 of WHO's Strategic Advisory Group of Experts (SAGE) for immunization was held on 6-9 November 2007 in Geneva. Reports on progress and constraints towards immunization goals in the WHO Regions of the Americas, Europe and the Western Pacific were provided, as were updates on the work of the GAVI Alliance and recent meetings of the Global Advisory Committee on Vaccine Safety, the Expert Committee on Biological Standardization, the Initiative for Vaccine Research Advisory Committee and the Human papillomavirus vaccine Expert Advisory Group. Other specific issues discussed were: potential uses of a WHO H5N1 vaccine stockpile, a Target Product Profile (TPP) for pneumococcal conjugate vaccines, polio eradication, the WHO project for categorization of vaccine-preventable diseases, typhoid fever, pneumococcal polysaccharide, rabies vaccine, and immunization safety.

A summary of several of the key issues is as follows:

### **WHO H5N1 vaccine stockpile**

In May 2007, the World Health Assembly requested that WHO develop a stockpile of H5N1 vaccine. In two separate WHO consultations held in October 2007, available safety and immunogenicity data and the critical technical parameters of this stockpile were reviewed. SAGE recommended:

- WHO continues urgent development of the stockpile;
- National pandemic preparedness plans be updated to enable countries to receive and efficiently deploy H5N1 vaccines from the stockpile;
- Up to 50 million doses (sufficient for 25 million people) from the stockpile be used for containment purposes, and
- Up to 100 million additional doses (and doses not used for containment) from the stockpile be distributed equitably to low and middle-income countries for the maintenance of essential services in the event of sustained human-to-human transmission.

See [http://www.who.int/immunization/sage/H5N1\\_recommendations/en/index.html](http://www.who.int/immunization/sage/H5N1_recommendations/en/index.html) for more information

### **TPP for pneumococcal conjugate vaccines**

The TPP reviewed by SAGE stipulates that eligible vaccines should cover at least 60% of the invasive disease isolates and must include serotypes 1, 5 and 14. Immunogenicity should be established according to existing WHO criteria, and the vaccine schedules should comprise no more than three doses in the first year of life. SAGE members approved the TPP, subject to amendment, for recommendation to the WHO Director-General. The TPP sets the minimum acceptable performance criteria for vaccines eligible for Advance Market Commitments (AMCs). For more information on AMCs, see <http://www.vaccineamc.org/>

### **Typhoid vaccines**

Data confirming the impact and cost-effectiveness of the two new-generation licensed vaccines, Vi polysaccharide and Ty21a, were presented, as was the magnitude of the disease burden of typhoid fever. SAGE endorsed recommendations for typhoid vaccine utilization in areas where the disease is highly endemic.

A full report of the meeting will be published in the WHO Weekly Epidemiological Record <http://www.who.int/wer/en/> on 4 January 2008.

## VACCINE MANAGEMENT

**26/12/07 from Solo Kone, WHO/HQ:**

**Achievements** - In 2007, 14 EVSM/Vaccine Management Assessments were conducted: eight in AFRO; three in EMRO; one in EURO and 2 in SEARO. Reports of seven additional country assessments are awaited. Six country assessments have been postponed to 2008.

Two more countries have achieved the certification level (Afghanistan and Sudan). A joint visit from WHO/HQ and EMRO to the national vaccine store of Afghanistan confirmed the results of the assessments. As a result, the national vaccine store of Afghanistan has been awarded with a certificate jointly signed by the Director of WHO Immunization, Vaccines and Biologicals Department and the Head of Health Section in UNICEF in recognition of the high standard of performance achieved under the WHO-UNICEF Effective Vaccine Store Management Initiative. A similar process will be undertaken for Sudan in early 2008, as requested by the country and regional office.

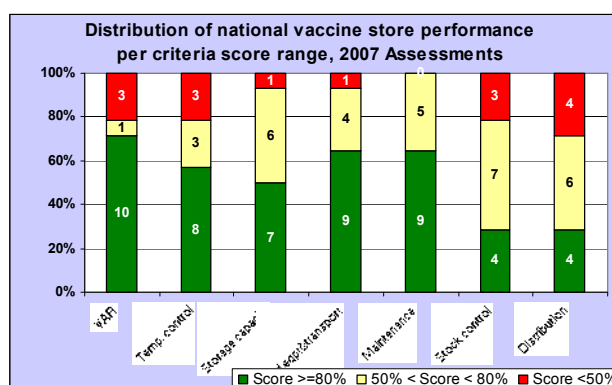
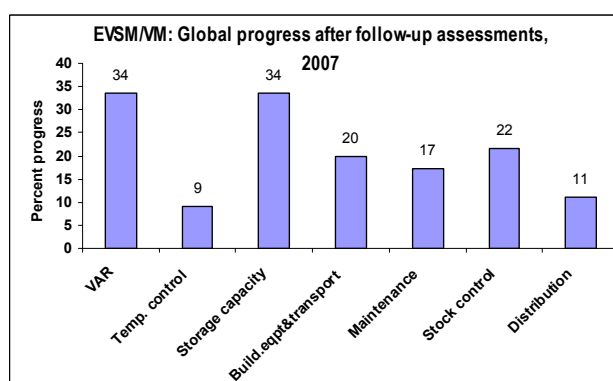
By the end of 2007, four national vaccine stores will have achieved the certification level of at least 80% score for all global criteria of effective vaccine store management.

**Progress made in 2006-2007** - In 2006 and 2007, nine follow-up assessments were conducted out of 23 totals. In addition to the two countries that achieved the certification level of 80% for all global criteria, all countries have shown significant progress. In all regions, at least 10 points percent progress was reported on average for all criteria. However, there are some discrepancies between criteria and regions.

The most significant progress was reported for "vaccine arrival procedures" and criteria related to the infrastructure: "storage capacity", "buildings & equipment".

From 2007 assessments, 50 to 70% of countries have reported at least 80% score of performance for these criteria. Despite the progress being made in the "stock control", based on the follow-up assessments, the number of countries that have scored at least 80% performance remains low (only 25% of countries in 2007).

The most challenging criteria where the progress was the minimum is "Vaccine deliveries and damage". In some countries, a regression was reported compared to the baseline assessment. In 2007, the overall performance of countries for this criterion remains low. Four countries (25%) have reported scores less than 50% performance.



## VACCINE PROCUREMENT

**26/12/07 from Sarah Schmitt, WHO/HQ:** In October 2007, three Vaccine Procurement Assessments were conducted in Swaziland, Mozambique and Botswana by WHO/HQ and WHO/AFRO staff. The objectives of the assessments were to perform a rapid assessment of the vaccine procurement system, to provide recommendations on strengthening the vaccine procurement system and to identify follow-up actions. A pre-established questionnaire was used to process all relevant information for the evaluation. All three countries are currently self procuring some or all of their vaccines for EPI. The assessments involved documentation reviews and face to face meetings with WHO, MoH, MoF, Procurement Entities, NRA, EPI, Central Medical Stores, donors and active NGOs in the respective countries. A set of recommendations on vaccine procurement functions, legislation, forecasting, vaccine management, coordination, capacity building and NRA were identified and discussed during a debriefing with representatives of all concerned entities. These three reports are to be synthesized with three additional reports from Vaccine Procurement Assessments conducted in 2006, (Cameroon, Namibia and Seychelles) to help identify commonalities of issues facing self procuring countries in the African region.

## PUBLICATIONS

### WHO PUBLISHED DOCUMENTS

**26/12/07 from Mario Conde, WHO/HQ:**

The **Global Framework for Immunization Monitoring and Surveillance** was developed by WHO and the United States Centers for Disease Control (CDC), in response to the need for timely and valid epidemiological and programme information, which is crucial in measuring progress towards immunization goals and controlling vaccine-preventable diseases. This document can be downloaded from: [http://whqlibdoc.who.int/hq/2007/WHO\\_IVB\\_07.06\\_eng.pdf](http://whqlibdoc.who.int/hq/2007/WHO_IVB_07.06_eng.pdf)

## GAVI-RELATED INFORMATION

### CIVIL SOCIETY ORGANIZATIONS

**26/12/07 from the GAVI Alliance:**

#### Civil Society Organizations Meeting

A GAVI Alliance Civil Society meeting was held in Geneva 12-13 November 2007. The meeting gathered some 30 participants from over 10 different countries. The main objectives of the meeting were to learn from civil society organizations (CSOs) from the ten pilot countries for the new support to CSOs and to ensure feedback on how the processes could be improved. The meeting also aimed at increasing the awareness of CSOs as a key partner in the GAVI Alliance. Some of the main recommendations from the meeting included:

- Increase the focus on communication as a key factor for the success of the GAVI Alliance pilot support to CSOs.
- Request the GAVI Alliance Board to consider that the civil society constituency should have two seats on the Board in the new revised governance structures.
- It was consensus that Jane Schaller (IPA) should be interim CSO representative on the Board until June, pending decision made at the interim Board meeting in last week of February.
- It was agreement to establish the interim global civil society constituency. The constituency will provide a wider forum for dialogue with and among civil society and ensuring a strengthened and more representative voice of CSOs in the GAVI Alliance. The interim constituency will consist of CSOs from both developed and developing countries.

The meeting was an important step in increasing the role of CSOs in the GAVI Alliance and the recommendations coming out of the meeting will be taken forward by the civil society task team and the GAVI Secretariat.

#### Joint GAVI Mission to Mozambique

A joint GAVI Alliance mission, consisting of officials from UNICEF regional office in Nairobi, WHO HQ, Christian Health Association of Malawi (CHAM) and the GAVI Secretariat conducted a fact finding mission to Mozambique from 26 November – 5 December 2007. The main objectives of the mission were to:

- discuss the GAVI Alliance support to Mozambique with a special emphasis on their HSS and NVS proposals
- Raise awareness about the objectives and mechanisms of the new support to civil society organizations (CSOs), for which Mozambique as a pilot country is eligible for from 2007-2009.

The team had fruitful discussions with a wide range of stakeholders including a one day workshop with CSOs. The Ministry of Health highlighted that the focus for next month will be:

- revising and strengthening the pentavalent application for the February 2008 review
- strengthening the health systems proposal to GAVI for the March 2008 review

The Ministry of Health, in cooperation with their partners will also explore how Mozambique could best engage with the new support available to CSOs.

### GAVI BOARD MEETING

**26/12/07 from the GAVI Alliance:**

The GAVI Board meeting was held in Capetown from 29-30 November 2007. The main outcomes related to technical discussions/decisions are summarized below:

**Reports from eligible country representatives:** Representatives from the Ministries of Health of DR Congo and Armenia provided excellent presentations to the board, highlighting challenges within their health systems, and strategies being used to address them. DR Congo focused particular attention on how GAVI support for health systems is being used.

**GAVI support to India:** the Boards approved an increase to the overall funding cap for India from the present US\$ 100m to \$350m (inclusive of the existing \$100 million cap) for the period 2008-2011, and

agreed to allow India to apply for all GAVI country support windows. The Government of India has proposed to use GAVI support on a state-by-state basis, focusing funding and activities on the states with the highest numbers of unimmunised children. Key partners are planning a meeting with the Government in the coming months to ensure internal consensus and coordination with other existing health support initiatives in India.

**Meningitis A:** the GAVI Alliance Board reaffirmed its prior decision (taken in 2002) to prioritize meningitis A vaccine, and agreed that it should be considered outside of the vaccine investment strategy process. An investment case to support routine meningitis A as well as a stockpile of polysaccharide vaccine will be considered by the Board at its June 2008 meeting.

**Accelerating vaccine introduction:** The Board provided guidance on the next steps to develop a support system for all new GAVI vaccines, including rotavirus and pneumococcal. It was agreed that the GAVI Secretariat will maintain a strong role in coordinating these activities, but for support on technical aspects and implementation, GAVI will continue to rely upon WHO, UNICEF and technical/research partners.

**2007 work plan and budget:** the Boards fully approved the work plan and budget, including staffing costs for partners.

**HSS:** all countries recommended for approval were approved by the board.

## PROPOSAL REVIEW

**26/12/07 from the GAVI Alliance:**

**New Vaccines Support proposal results** - The total budget approved for this window is US\$399,622,500, which includes non-vaccine costs of introduction based on the new GAVI policy approved in May 2007.

The following countries were approved for:

*Rotavirus:* Bolivia, Guyana, Honduras

*Pneumo 7-valent:* Guyana, Honduras, Nicaragua

*Hib:* Cameroon, CAR, Chad, Congo, DR Congo, Cote d'Ivoire, Guinea, Kiribati, Lesotho, Madagascar, Moldova, Niger, Pakistan, Solomon Islands, Tajikistan, Togo

*Yellow Fever:* Niger

**Immunization Services Strengthening proposal results** - The total budget approved for this window is US\$28,993,000 for Comoros, DR Congo, Ethiopia, Kenya, Lesotho, Liberia, Nepal, and Nicaragua.

**Health Systems Strengthening proposal results** - The total budget approved for health systems strengthening support is US\$137,988,000 for Bhutan, CAR, Ghana, Honduras, Madagascar, Malawi, Nepal, Nicaragua, Nigeria, Sierra Leone, Sri Lanka, Sudan (North) and Uganda.

**Proposal for Civil Society Organizations support** - the total budget approved for this window is US\$5,319,000. DR Congo has been approved for this support in October 2007.

**Annual Progress Reports for 2006** - 63 countries submitted reports for the June 2007 review, and the remaining nine submitted in September 2007. Of the 72 reports, only three required further information. Four countries completed GAVI phase one support in 2006.

## REVIEW PROCESS

### **Next Review Dates:**

#### **PROPOSAL REVIEWS - ISS, INS, New Vaccines & Measles 2<sup>nd</sup> Dose:**

**First Review:** The deadline for receiving applications is **8 February 2008**. The applications will be reviewed from **10-19 March 2008**.

**Second Review:** The deadline for receiving applications is **2 May 2008**. The applications will be reviewed from **6-15 June 2008**.

**Third Review:** The deadline for receiving applications is **25 September 2008**. The applications will be reviewed from **23-31 October 2008**.

#### **HSS REVIEWS**

**First Review:** The deadline for receiving applications is **7 March 2008**. The applications will be reviewed from **14-26 April 2008**.

**Second Review:** The deadline for receiving applications is **12 September 2008**. The applications will be reviewed from **3-15 October 2008**.

#### **MONITORING REVIEW**

The deadline for receiving annual progress reports is **15 May 2008**. The annual progress reports will be reviewed from **16-30 June 2008**.

## COUNTRY INFORMATION<sup>1</sup> BY REGION

### EAST & SOUTH AFRICA

#### ETHIOPIA

**26/12/07 from Gill Mayers, WHO/HQ:** A Post-Introduction Evaluation (PIE) of the pentavalent vaccine introduced in Ethiopia in March 2007 was conducted from 19-30 November 2007. The evaluation group composed of 13 representatives from: WHO, UNICEF, CDC, LSHTM, USAID/ESHE and CORE/CRDA. Six zones in five regions were selected based on criteria of good, medium and poor performance. Visits and interviews were conducted at central, regional, zonal, district and health facility levels, and interviews were carried out with caregivers on exit from immunization sessions. In total, approximately 50 sites were evaluated during the 7-day field trip. In summary the introduction of the pentavalent in Ethiopia went smoothly, with the country transitioning from the liquid DPT in 10-dose vials to a fully liquid formulation of DTP-HepB-Hib in 1-dose vials. Some of the key lessons learned for other countries introducing a new vaccine in the future are:

- A firm date for the expected arrival of the vaccine should be made available with ample time for the country to prepare and complete social mobilization and training activities.
- Training on new vaccine should provide sufficient written materials and have sample vials of the vaccine available for demonstration at all levels of training.
- Vaccine transport and cold chain capacity needs should be carefully evaluated and communicated to all levels of the health system so that adequate preparations can be made prior to vaccine introduction.
- If necessary, vaccine management should be optimized prior to introduction, to support a cold chain which maybe functioning at near-capacity levels.
- Supervisory visits following introduction should be prioritized to ensure visits are adequate and well focused on EPI activities to quickly address issues that develop or become apparent after introduction
- AEFI monitoring for routine immunization activities should be established and functioning prior to introduction

A full report will be distributed to partners once it has been finalized.

#### UGANDA

**26/12/07 from Issa Makumbi, Uganda:** Uganda has carried out a vaccine management assessment. Support to the programme to address the gaps is required.

#### ZAMBIA

**26/12/07 from Belem Matapo (WHO/Zambia), Fouzia Rahman (WHO Consultant) and Jos Vandelaer (WHO/UNICEF Geneva):** In August 2007, a total of 1386 live births were surveyed in Sesheke and Kaoma districts to assess whether NT incidence had fallen below the elimination threshold of one case per 1000 live births. All births had occurred between 15 July 2006 and 14 July 2007. One child was found to have died of neonatal tetanus. 77.1% of women reported to have received at least two doses of tetanus toxoid in the last pregnancy, and 58.7 of the deliveries took place with the assistance of a health worker.

In conclusion, neonatal tetanus can be considered as having been eliminated from these two districts, and since they were purposely selected as being among the worst performing districts, NT elimination can be considered as having been achieved in Zambia. In order to maintain this achievement, the country will need to continue to strengthen routine immunization, delivery practices, post-delivery care and active surveillance.

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<sup>1</sup> HSS= Health Systems Strengthening;  
ICP = Inter Country Programme;  
ISS = Immunization Services Support;  
INS = Injection Safety Support;  
NVS = New Vaccine Support;  
DQA = Data Quality Audit;  
DQS = Data Quality Self Assessment;  
FSP = Financial Sustainability Plan;  
RED = Reach Every District;  
cMYP = Fully costed multi-year plan;

### REGIONAL INFORMATION

**26/12/07 from WHO/EURO:**

#### **WHO co-organizes high-level communication meeting with Department of Health in London**

WHO and the Department of Health in the United Kingdom are co-organizing a high-level expert meeting on immunization, advocacy and communication in London on 16-17 January 2008. Invitations have been extended to 16 western European countries.

The aim of the meeting is to discuss key barriers to immunization, including the general public's understanding and concerns about the risks of vaccination and benefits of immunization and the challenges of hard-to-reach high-risk groups.

The speakers will highlight country and regional experience, achievements and challenges in communication and advocacy for immunization, including dealing with anti-vaccination trends, crisis management, new challenges and routine communication planning to build public confidence.

A joint statement will be issued from the meeting on strategies to improve advocacy and communication for immunization in the WHO European Region in order to achieve and maintain trust in immunization.

The chief medical officer, the immunization manager and/or the immunization communication officer, if applicable, have been invited from the following countries: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Italy, Ireland, Luxembourg, Netherlands, Portugal, Spain, Sweden and Switzerland and the United Kingdom.

#### **WHO/Europe organizes measles and rubella laboratory workshop for CIS countries**

The WHO/Europe has organized two workshops for members of the Regional Measles/Rubella Laboratory Network at the end of 2007 as part of the overall regional goal of eliminating measles and rubella by 2010.

As coordinator of this network, WHO provides training to the participating 70 national laboratories to ensure high quality laboratory surveillance across the entire WHO European Region, with most of the 53 Member States represented.

On 5-16 November, WHO organized a training workshop at the Regional Reference Laboratory at the Gabrichevsky Institute in Moscow – whose primary role is to serve as the National Measles Center for the Russian Federation – for 15 participants from the Commonwealth of Independent States. The main focus was training in ELISA, the “gold standard” for laboratory diagnosis, on conventional serum specimens, but also on dried blood spots on filter paper. This is an alternative sampling technique recommended by WHO to enhance the surveillance of both diseases in the country. Participants were also trained in modern diagnostic techniques and cell culture.

On 10-12 December, the Russian Federation in collaboration with WHO organized the second meeting of the Russian Federation Measles/Rubella Laboratory Network, involving the 10 sub-national measles and rubella laboratories, which are endorsed and supported by WHO. This meeting also took place at the Gabrichevsky Institute. The purpose of the meeting was to determine the progress of the disease elimination programme in general and the laboratory-specific challenges faced by the laboratories in the Russian Federation.

#### **WHO Regional Office for Europe initiates a biosafety training program**

The Polio Laboratory Network of the WHO/EURO coordinates the work of 48 laboratories in 37 Member States. As many of these laboratories are general-purpose virological institutions, they recently faced the challenge of implementing diagnostic procedures for a number of emerging pathogens, including avian influenza. It is crucial to protect laboratory staff as well as the environment from the potentially dangerous viral pathogens. To address this issue, the Regional Office developed a training curriculum and organized a workshop on 12-20 November in the Russian Federation. It was met with great enthusiasm from the trainees as well as from virologists and members of other WHO laboratory networks (influenza and measles/rubella).

The current biosafety practices have been assessed throughout the European polio lab network using a biosafety accreditation checklist, which has been specially developed for this purpose in early 2007. Holding the workshop was the next step in this process.

In this pilot project, 14 virologists received in-depth training at the State Research Center of Virology and Biotechnology (“Vector”), Russian Federation - a foremost center of biosafety expertise in the Commonwealth of Independent States. The trainees received theoretical knowledge and practical skills relevant for biosafety levels (BSL) 2 and 3. Among the facilitators were experts from the WHO as well as the lecturers from “Vector”.

Due to the high demand and strong interest, the WHO Regional Office for Europe is planning to continue this activity, provided further funding is secured. For more information, please contact the Polio Laboratory Network Coordinator, Dr Eugene Gavrilin ([ega@euro.who.int](mailto:ega@euro.who.int)).

**PAPUA NEW GUINEA**

**26/12/07 from Julian Bilous, WHO/HQ:**

**Implementation of the RED Strategy in the Autonomous Region of Bougainville** - In Papua New Guinea, the National Department of Health has launched a comprehensive nationwide micro planning initiative based upon the RED (Reaching Every District) strategy, to cover all districts within PNG. To date, micro planning training has been conducted in 55 of 89 districts, with the remainder expected to be completed by the first quarter of 2008. Under the micro planning initiative, all infants will be accessed at least four times a year, either through fixed sites or outreach. A recent follow-up of the results of RED micro planning in the Autonomous Region of Bougainville showed promising results. About 70% of the population lives in small rural communities and can only be reached by outreach foot patrol, sometimes of one week's duration. In addition to immunization, outreach sessions provide a range of health interventions, including antenatal care, malaria and TB control, de-worming and nutritional supplements. As part of the micro planning initiative, each health centre displayed on its wall a map of the catchment area, target population, and separate monitoring charts for the following indicators:

- DTP3 vaccine coverage
- measles vaccine coverage
- maternal TT booster coverage
- 1<sup>st</sup> antenatal visit
- malaria cases
- family planning acceptors
- supervised delivery
- children with moderate malnutrition
- TB patients completing treatment.

The monitoring charts for other interventions were constructed in the same way as for immunization coverage, using infant, maternal or total population, and gave a simple, comprehensive understanding of the community health problems in the catchment area of the health centre.

## LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

| Regional Meetings & Key Events Related to Immunization: January 2008 onwards  |         |         |                    |                     |          |
|---|---------|---------|--------------------|---------------------|----------|
| Title of Meeting  | Start   | Finish  | Location           | Responsible Partner | Region   |
| <b>Jan-08</b>   |         |         |                    |                     |          |
| Sub-Regional Laboratory Network Meeting for Countries of Central and Eastern Europe   | 08-Jan  | 11-Jan  | tbd                | EURO                | EUR      |
| GAVI Regional Working Group meeting for West & Central Africa   | 21-Jan  | 22-Jan  | Libreville         | AFRO (W&C)          | AFR      |
| Standardization of HPV assays and role of HPV LabNet in supporting HPV vaccine Introduction   | 23-Jan  | 25-Jan  | Geneva             | WHO/HQ              | Global   |
| GAVI South East Asian Regional Working Group Meeting  | 28-Jan  | 29-Jan  | Jakarta, Indonesia | SEARO               | SEAR     |
| PAHO Sub-Regional Meeting on Pneumococcus with Venezuela, Ecuador and Bolivia   | 29-Jan  | 30-Jan  | Venezuela          | PAHO                | PAHO     |
| PBM Surveillance Network Meeting  | end Jan | end Jan | Brazzaville        | AFRO                | AFR      |
| <b>Feb-08</b>   |         |         |                    |                     |          |
| GAVI Regional Working Group for the Western Pacific Region  | Feb     | Feb     | tbd                | WPRO                | WPR      |
| Workshop on "Improving Vaccination Coverage in hard-to-reach populations in eastern Europe  | 11-Feb  | 12-Feb  | Sofia, Bulgaria    | EURO & ECDC         | EUR      |
| CCEE Measles/Rubella Laboratory Network Meeting   | 19-Feb  | 21-Feb  | Cyprus             | EURO                | EUR      |
| Global Immunization Meeting   | 19-Feb  | 21-Feb  | Geneva             | WHO/HQ              | Global   |
| PAHO Sub-Regional Meeting on Pneumococcus with Colombia and Peru  | 28-Feb  | 29 Feb  | Colombia           | PAHO                | PAHO     |
| <b>Mar-08</b>   |         |         |                    |                     |          |
| WHO Regional Meeting on HPV Vaccine: Towards Comprehensive Cancer Control: HPV Vaccine Policy and Planning Meeting for the Region of the Americas | 03-Mar  | 07-Mar  | Brazil             | PAHO                | PAHO     |
| GAVI Independent Review Committee Meeting for ISS, INS, NVS and Measles 2nd Dose proposals ( <b>Deadline: 8 February 2008</b> )                   | 10-Mar  | 19-Mar  | Geneva             | GAVI                | Specific |
| EMRO MNT Elimination Inter-Country Meeting  | 11-Mar  | 13-Mar  | Sana'a, Yemen      | EMRO                | EMR      |
| <b>Apr-08</b>   |         |         |                    |                     |          |
| PneumoADIP and Hib Initiative Surveillance Networks Investigators   | 07-Apr  | 10-Apr  | tbd                | WHO/HQ              | Global   |
| Strategic Advisory Group of Experts (SAGE) meeting  | 08-Apr  | 10-Apr  | Geneva             | WHO/HQ              | Global   |

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| GAVI Independent Review Committee Meeting for HSS proposals ( <b>Deadline: 7 March 2008</b> )                              | 14-Apr | 26-Apr | Geneva               | GAVI     | Specific |
| GAVI Eastern Mediterranean Regional Working Group Core Meeting   | 15-Apr | 16-Apr | tbd                  | EMRO     | EMR      |
| Immunization Week in the Americas  | 19-Apr | 26-Apr | Region-Wide          | PAHO     | PAHO     |
| European Immunization Week   | 21-Apr | 27-Apr | Region-Wide          | WHO/EURO | EUR      |
| <b>May-08</b>  |        |        |                      |          |          |
| EMRO Inter-Country Meeting of National EPI Managers and RTAG Meeting   | 04-May | 08-May | Riyadh, Saudi Arabia | EMRO     | EMR      |
| GAVI South East Asian Regional Working Group Meeting   | 12-May | 12-May | New Delhi, India     | SEARO    | SEAR     |
| SEAR EPI Program Manager and ITAG Meeting  | 12-May | 15-May | Kathmandu            | SEARO    | SEAR     |
| <b>Jun-08</b>  |        |        |                      |          |          |
| GAVI Independent Review Committee Meeting for ISS, INS, NVS and Measles 2nd Dose proposals ( <b>Deadline: 2 May 2008</b> ) | 06-Jun | 15-Jun | Geneva               | GAVI     | Specific |
| PAHO Sub-Regional Meeting of the Central American Region, Mexico and the Spanish Caribbean on Vaccine Preventable Diseases | 08-Jun | 11-Jun | tbd                  | PAHO     | PAHO     |
| GAVI Monitoring Review ( <b>Deadline: 15 May 2008</b> )  | 16-Jun | 30-Jun | Geneva               | GAVI     | Specific |
| New and Under-Utilized Vaccines Implementation Meeting   | 23-Jun | 25-Jun | Geneva               | WHO      | Global   |
| WPRO Pacific Immunization Strengthening Meeting  | June   | June   | tbd                  | WPRO     | WPR      |
| <b>Jul-08</b>  |        |        |                      |          |          |
| WPRO Regional Technical Advisory Group (TAG) meeting   | July   | July   | tbd                  | WPRO     | WPR      |
| <b>Aug-08</b>  |        |        |                      |          |          |
| PAHO Sub-Regional Meeting of the Andean and Southern Cone Regions on Vaccine Preventable Diseases                          | 10-Aug | 13-Aug | tbd                  | PAHO     | PAHO     |
| PAHO Meeting of the Technical Advisory Group on Vaccine-Preventable Diseases   | 18-Aug | 21-Aug | tbd                  | PAHO     | PAHO     |
| <b>Sep-08</b>  |        |        |                      |          |          |
| GAVI South East Asian Regional Working Group Meeting   | 22-Sep | 23-Sep | Bhutan               | SEARO    | SEAR     |
| <b>Oct-08</b>  |        |        |                      |          |          |
| GAVI Independent Review Committee Meeting for HSS proposals ( <b>Deadline: 12 September 2008</b> )                         | 03-Oct | 15-Oct | Geneva               | GAVI     | Specific |
| EMRO Measles Inter-Country Meeting for Priority Countries (GAVI Eligible, Iraq and Lebanon)                                | 21-Oct | 23-Oct | tbd                  | EMRO     | EMR      |

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| GAVI Independent Review Committee Meeting for ISS, INS, NVS and Measles 2nd Dose proposals (Deadline: 25 September 2008) | 23-Oct | 31-Oct | Geneva | GAVI   | Specific |
| EMRO Measles Inter-Country Meeting for Remaining Countries   | 26-Oct | 28-Oct | tbd    | EMRO   | EMR      |
| EMRO RTAG Meeting  | 29-Oct | 29-Oct | tbd    | EMRO   | EMR      |
| <b>Nov-08</b>  |        |        |        |        |          |
| Strategic Advisory Group of Experts (SAGE) meeting   | 03-Nov | 05-Nov | Geneva | WHO/HQ | Global   |
| EMRO Rotavirus Regional Working Group Meeting  | 11-Nov | 13-Nov | tbd    | EMRO   | EMR      |
| Meeting of the Caribbean Expanded Program on Immunization Managers   | 16-Nov | 20-Nov | tbd    | PAHO   | PAHO     |
| GAVI Eastern Mediterranean Regional Working Group Meeting  | 18-Nov | 20-Nov | tbd    | EMRO   | EMR      |
| <b>Dec-07</b>  |        |        |        |        |          |
| EMRO Bacterial Meningitis and Pneumococcal Invasive Diseases Surveillance Meeting  | 16-Dec | 18-Dec | tbd    | EMRO   | EMR      |
| <b>2009 Meetings</b>   |        |        |        |        |          |
| Strategic Advisory Group of Experts (SAGE) meeting   | 07-Apr | 09-Apr | Geneva | WHO/HQ | Global   |
| Strategic Advisory Group of Experts (SAGE) meeting   | 27-Oct | 29-Oct | Geneva | WHO/HQ | Global   |

## **LINKS RELEVANT TO IMMUNIZATION**

### **GLOBAL WEBSITES**

**Department of Immunization, Vaccines & Biologicals, World Health Organization**

<http://www.who.int/immunization/en/>

**WHO New Vaccines Hib website**

<http://www.who.int/nuvi/hib/>

**GAVI Alliance Website**

<http://www.gavialliance.org/>

**IMMUNIZATIONbasics (JSI)**

[www.immunizationbasics.jsi.com](http://www.immunizationbasics.jsi.com)

**PATH Vaccine Resource Library**

<http://www.path.org/vaccineresources>

**UNICEF Supply Division Website**

[http://www.unicef.org/supply/index\\_immunization.html](http://www.unicef.org/supply/index_immunization.html)

**UNICEF Supply Division Product Menu for GAVI Vaccines**

[http://www.unicef.org/supply/files/Product\\_Menu\\_2007.PDF](http://www.unicef.org/supply/files/Product_Menu_2007.PDF)

**Hib Initiative Website**

<http://www.hibaction.org/>

**Japanese Encephalitis Resources**

[http://www.path.org/vaccineresources/japanese\\_encephalitis-resources.php](http://www.path.org/vaccineresources/japanese_encephalitis-resources.php)

**Malaria Vaccine Initiative**

<http://www.malariavaccine.org>

**Meningitis Vaccine Project**

<http://www.meningvax.org/index.htm>

**PneumoADIP**

[www.preventpneumo.org/](http://www.preventpneumo.org/)

**RotaADIP**

<http://www.rotavirusvaccine.org/>

**RHO Cervical Cancer (HPV Vaccine)**

<http://www.rho.org>

**WHO/ICO Information Center on HPV and Cervical Cancer**

<http://www.who.int/hpvcentre/en/>

**SIGN Updates**

[www.who.int/entity/injection\\_safety/sign/en/](http://www.who.int/entity/injection_safety/sign/en/)

**Technet**

<http://www.technet21.org/>

### **REGIONAL WEBSITES**

**New Vaccines in AFRO**

<http://www.afro.who.int/newvaccines/>

**PAHO's website for Immunization**

<http://www.paho.org/english/ad/fch/im/Vaccines.htm>

**Vaccine Preventable Diseases in EURO**

<http://www.euro.who.int/vaccine/>

**New Vaccines in SEARO**

<http://www.searo.who.int/en/section1226.asp>

**Immunization in WPRO**

[http://www.wpro.who.int/health\\_topics/immunization/](http://www.wpro.who.int/health_topics/immunization/)

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