NEW VACCINES, NEW OPPORTUNITIES
25/02/2011 from Hayatee Hasan, WHO/HQ

In the past two months, four countries — Guyana, Kenya, Sierra Leone and Yemen — have introduced the pneumococcal conjugate vaccine. They represent the first of a series of countries introducing the vaccine in 2011.

These introductions represent a major milestone - the gap between access to new vaccines between developed and developing countries is shortening; it is extraordinary to see a new vaccine launched in a developing country within one to two years of its introduction in the Americas and Europe, while in the past, it has taken several years (averaging 15 years) between the introduction of new vaccines in developed and developing countries.

For more information regarding the launches in these countries, please see the articles on Kenya, Sierra Leone and Yemen.

ACCOUNTABILITY, INFORMATION AND HEALTH: LEARN MORE ABOUT THE COMMISSION ON INFORMATION AND ACCOUNTABILITY FOR WOMEN'S AND CHILDREN'S HEALTH
25/02/2011 from Marie Agnes Heine, WHO/HQ

The UN Secretary-General's Global Strategy for Women's and Children's Health launched in September 2010 aims to save 16 million women and children by 2015. It calls on all partners to take part in this critical action to improve the health of women and children.

We would like to invite you to learn more about the Commission and to contribute your ideas on how to create a new, robust accountability framework that ensures that available resources and results are identified, recognized and reported on.

Help make it happen - more information available at www.everywomaneverychild.org/accountability_commission by:
   Participating in the Commission's online discussion forum.
   Commenting on the discussion papers proposed by the two Working Groups.
   Posting additional information and updating the most recent uploads.
For more information, please contact: acc_commission@who.int
MEETING OF THE GLOBAL ADVISORY COMMITTEE ON VACCINE SAFETY (GACVS), 8-9 DECEMBER 2010
25/02/2011 from Alison Brunier, WHO/HQ

At its meeting of 8-9 December 2010, GACVS considered the following issues:

**Safety of the meningitis A conjugate vaccine**
Following review of the data for the meningococcal A conjugate vaccine, MenAfriVac, collected in Burkina Faso, Mali and Niger in September 2010, GACVS concluded that there appeared to be no outstanding safety issues related to its use. As the vaccine is currently administered in campaign settings and had not been clinically evaluated among pregnant women, the question of restricting the vaccination of women in this group was considered by the Committee. Consideration was also given to the risk-benefit of providing the vaccine to lactating women. Given the clear benefits of the vaccine, the increased risk of disease in the geographical area, past experience using similar vaccines in comparable conditions, and the lack of alternative ways of protecting pregnant women from epidemic meningitis, GACVS supported WHO’s technical guidance that MenAfriVac should be offered to pregnant and lactating women residing in the meningitis belt during any stage of pregnancy or lactation. However, GACVS emphasized the need for additional post-marketing surveillance to provide more complete information about the safety profile of the vaccine, including its effects in specific groups, especially pregnant women.

**Rotavirus vaccines and intussusception**
In view of the association of a previously-marketed rotavirus vaccine (Rotashield) with an increased incidence of intussusception (an uncommon form of bowel obstruction), GACVS reviewed all post-marketing studies of the currently-available vaccines, Rotarix and RotaTeq, that have considered a potential link between the vaccines and an increased rate of intussusception. Data from Australia, Brazil, Mexico and the United States of America were reviewed at the December meeting. Post-marketing surveillance suggests a possible increased risk of intussusception shortly after the first dose of rotavirus vaccine in some populations. If confirmed, the level of risk observed in these studies is substantially lower than the risk of 1 case/5000–10 000 in infants who received the Rotashield vaccine. The benefits of rotavirus vaccination in preventing rotavirus gastroenteritis and its consequences are substantial. Additional data are being collected and analysed, and will be reviewed by GACVS when available.

**Safety of pandemic influenza A (H1N1) 2009 vaccines**
GACVS reviewed data on the safety of pandemic influenza A (H1N1) 2009 influenza vaccines. Overall, safety information continues to be reassuring. Since the Committee’s earlier report in June 2010, data from passive surveillance from different countries has not generated any new safety concerns other than reports of narcolepsy from Finland and Sweden in August 2010. These reports are being investigated by independent groups in Europe. Final analyses of active surveillance studies are anticipated to be completed by late 2011.

Full report
More information on [GACVS](#)

**POLIO ERADICATION MOURNS LOSS OF TRUE POLIO CHAMPION**
25/02/2011 from Sona Bari, WHO/HQ

**Bill Sergeant, former Chairman of Rotary's International's Polio Plus Committee and true polio hero, passed away on 13 February at his home in Tennessee, USA.**

The Global Polio Eradication Initiative mourns the loss of Mr Bill Sergeant. Mr Sergeant was the Chairman of Rotary International's International PolioPlus Committee of the Rotary Foundation, from its inception in 1994 until 2006. During his tenure and under his guidance, Rotary International committed more than US$500 million to the global polio eradication effort. His personal commitment and tireless dedication to the achievement of a polio-free world was second-to-none. Recognizing his personal engagement and drive for polio eradication, the World Health Assembly in May 2006 honoured him, as he truly represented Rotary's motto of 'Service Above Self'. Bill Sergeant passed away on Sunday 13 February 2011, at his home in Tennessee, USA. Memorial contributions may be made to The Rotary Foundation PolioPlus campaign at [here](#).
Technical Information

ANNOUNCEMENTS FROM THE SIVAC INITIATIVE
25/02/2011 from Julia Blau, AMP

The two briefings described below are available in the Center of Expertise on the NITAG Resource Center via the following link: http://www.nitag-resource.org/en/training/rapid-briefing.php

1. The “Introduction to Health Economic Evaluations for NITAG members briefing” is an e-learning tool that provides NITAG members with a basic background on health economic evaluations applied to immunization. It contains 4 modules of 10 to 40 minutes each:
   - Module 1: The usefulness of economic evaluations for public health
   - Module 2: The different types of economic evaluations
   - Module 3: The main methodological issues of an economic evaluation
   - Module 4: Interpretation of cost-effectiveness ratios

2. The “NITAG newcomers briefing” launched in October 2010 is an e-learning tool that provides NITAG members with a basic background on NITAG rationale, role, and functioning. Originally in English, the “NITAG newcomers briefing” is now also available in French.

For more information, please contact Julia Blau, SIVAC Program Officer (jblau@aamp.org)

WHO POSITION ON PANDEMIC INFLUENZA VACCINATION FOLLOWING REPORTS OF NARCOLEPSY SUBSEQUENT TO USE OF PANDEMRIX
25/02/2011 from Alison Brunier, WHO/HQ

Following review of all available data from Finland concerning reports of narcolepsy following vaccination with Pandemrix, WHO’s Global Advisory Committee on Vaccine Safety advised, in a statement posted on its web site on 8 February 2011, that this does not appear to be a general worldwide phenomenon and it complicates interpretation of the findings in Finland. The GACVS agreed that further investigation is warranted.

On the basis of the risk assessment provided by GACVS, and in consideration of the fact that the regulatory authority of record for the purpose of WHO prequalification, the European Medicines Agency, has not modified the recommendations for use of Pandemrix, and there is no change to the current WHO position on use of pandemic influenza vaccines. This means that countries should continue vaccinating against H1N1 to immunize persons at risk of severe disease from H1N1, using monovalent vaccines, including Pandemrix, if trivalent seasonal vaccine is not available.

Pandemrix remains on the list of WHO-prequalified vaccines.

GACVS will continue to monitor the situation closely and updates will be provided as further information becomes available and is assessed.

GACVS statement
EMA statement

COLD CHAIN AND LOGISTICS TASKFORCE
25/02/2011 from Kate Bai, UNICEF

The CCL Taskforce is an inter-agency partnership established in 2007 to facilitate collaboration, focus on achieving measurable results, and advocate for policies and resources to strengthen national cold chain and logistics (CCL) systems (see http://www.unicef.org/immunization/index_42071.html). Following the 2009 workshop, the work of the CCL Taskforce has been ongoing through its subgroups on Advocacy, Monitoring, Guidance and Integration. In 2010, a new Subgroup, the Future Subgroup, was added under the leadership of PROJECT Optimize. In 2011, a new Subgroup will be established: the EVM Subgroup, to aid the joint WHO-UNICEF coordination of the global roll-out of EVM assessments and improvement plans.

The membership of the Taskforce was initially restricted to agency staff, but the membership has now been opened up to anyone with an interest and potential contribution to the Taskforce’s agenda, and particularly the work of the Subgroups. This is a call to provide inputs and expressions of interest to become members of the expanding CCL Taskforce!

Please email Kate Eun-Hee Bai to express your interest.
WHO CONCLUDES THAT QUALITY ISSUES RELATING TO QUINVAXEM PRODUCTION HAVE BEEN RESOLVED
25/02/2011 from Alison Brunier, WHO/HQ

In a statement issued on 10 February 2011, WHO advised that, following review of reports from Crucell N.V. and advice from the Korea Food and Drug Administration (KFDA) of the quality investigation regarding the pentavalent vaccine, Quinvaxem, it was confident that the problems identified in 2010 had been resolved.

Full statement

THE LAUNCHING OF THE PNEUMOCOCCAL CONJUGATE VACCINE (PCV-13) IN SIERRA LEONE
25/02/2011 from Nehemie Mbakuliyemo, WHO/AFRO IST West

According to WHO global estimates, Sierra Leone is among countries that have the highest Streptococcus pneumoniae infection incidence rate with >3000 cases per 100,000 children under the age of five years. Sierra Leone is the first African country to integrate this new vaccine (PCV-13) into its national routine immunization schedule. The launching of the PCV-13 in Sierra Leone comes at a time when the national authorities have placed the childhood survival intervention high on the political agenda. This has been translated in policies such as the recent Presidential Initiative which guarantees free health care to all Sierra Leone children across the whole country.

It was on 28 January 2011 when the Sierra Leone First Lady Mrs Sia Nyama Koroma presided over the PCV-13 launching ceremony in Bo, a district in the South of the country. In her key note address, Mrs Koroma reiterated that Child Survival is a priority for the Government of Sierra Leone. Promoting child health was the key message of all the partners who spoke at the occasion including the UNICEF and WHO Representatives. Among other high dignitaries present at the ceremony were government ministers, local political and administrative leaders, traditional and religious leaders as well as local NGOs.

After the first shot which was administered by the First Lady who is a qualified and experienced nurse, health workers continued the vaccination of babies who had been brought by their mothers for the event. It is important to mention that in her determination to move the MDG 4 & 5 agenda, Sierra Leone is one of the countries that have consistently organized national child health weeks during which an integrated package of mother and child health interventions are delivered nationwide.
KENYA LAUNCHES TEN-VALENT PNEUMOCOCCAL CONJUGATE VACCINE (PCV10)
25/02/2011 from Duale and Kibet Sergon, WHO/Kenya, and Hayatee Hasan, WHO/HQ

On 14 February 2011, Kenya’s President Mwai Kibaki joined parents, health workers, ambassadors and donors in Nairobi to witness children being immunized as part of the Government of Kenya’s formal introduction of pneumococcal conjugate vaccine into its national immunization programme. The vaccine protects children against pneumococcal disease which causes life-threatening illnesses such as pneumonia, meningitis and sepsis.

The roll out of the vaccine in the developing world has been made possible through an innovative finance mechanism pioneered by GAVI called the Advance Market Commitment (AMC) - to secure the supply of pneumococcal vaccines within a year following the introduction of those vaccines in Europe and the United States at a fraction of the price charged in rich countries.

“The introduction of the pneumococcal vaccine in Kenya is an historic step towards improved health for children in Kenya and in other developing countries,” said Kenya’s Minister for Public Health and Sanitation, Beth Mugo. “The global introduction of pneumococcal vaccination is a milestone in global health and will help us reduce child mortality.”

Kenya is the fourth country to include the vaccine into its national immunization programme in the past three months, after Nicaragua, Sierra Leone and Yemen. The introduction comes less than two years after the same vaccine was introduced in industrialized countries.

“The rapid roll-out of new-generation pneumococcal vaccine shows how innovation and technology can be harnessed, at affordable prices, to save lives in the developing world. The payback, as measured by reduced childhood mortality, will be enormous,” said Dr Margaret Chan, WHO Director-General. More information
MEETINGS HELD IN AFRO CENTRAL

From 8-11 February 2011, the planning workshop of the SURVAC project in Central Africa took place in Libreville, Gabon. The main objective was to provide an update on the activities performed in 2010 in Cameroon, CAR and DR Congo, and to the 2011 activities according to lessons learned.

From 17-18 February 2011, the second planning meeting of the first vaccination week in Africa was held. This meeting focused on developing planning and communication tools. Both the logo and the theme for this year's vaccination week have been selected. The last week of April was chosen for the Immunization Week in Africa.

AMERICAS

PERU INTRODUCES NATIONWIDE HPV VACCINATION; ARGENTINA ANNOUNCES HPV VACCINE INTRODUCTION

On 4 February 2011, on the occasion of World Cancer Day, the President of Peru launched a nationwide vaccination campaign against human papillomavirus (HPV). It is estimated that approximately 4,400 women are diagnosed with cervical cancer and 2,100 die from the disease each year in Peru. Among cancers, cervical cancer is the leading cause of mortality in Peruvian women. In addition to Mr. Alan Garcia, the Peruvian President, Dr. Oscar Ugarte, the Minister of Health of Peru, and Dr. Mario Valcarcel, PAHO/WHO Representative in Peru, participated in the public ceremony.

The goal of initiative is to vaccinate subsequent cohorts of girls aged 10 years (287,000 girls per year). The bivalent HPV vaccine will be acquired entirely with national resources through PAHO’s Revolving Fund at a price four times lower than the price of the vaccine offered in the private Peruvian market. In the last two years, Peru has also introduced rotavirus, seasonal influenza, and pneumococcal conjugate vaccines.

On 9 February 2011, Argentina’s President Mrs. Cristina Fernández announced that HPV vaccine will be included in the national immunization schedule. It is estimated that, every year in Argentina, approximately 4,000 women are diagnosed with cervical cancer and 1,800 die from the disease. HPV vaccination may target the national cohort of girls aged 11 years (328,500 girls per year).
Country Information by Region

AMERICAS

WORKSHOP TO SHARE LESSONS LEARNED ON THE DEVELOPMENT AND IMPLEMENTATION OF NATIONAL COMPUTERIZED NOMINAL IMMUNIZATION REGISTRIES, BOGOTÁ, COLOMBIA, 1-3 FEBRUARY 2011
25/02/2011 from Carolina Danovaro, WHO PAHO/AMRO

From 1-3 Feb 2011, 20 countries of the Americas came together in Bogotá, Colombia to discuss issues related to the development and implementation of national computerized nominal immunization registries in the Region. Participants in the workshop included immunization and information systems (IT) representatives from 20 countries as well as representatives from partner agencies such as UNICEF, PATH, the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and the Sustainable Sciences Institute (SSI), the latter also representing the Latin American Open Source Health Informatics group (IMECA).

For the workshop, national computerized nominal immunization registries were defined as computerized population-based and confidential information systems/databases that include data on vaccine doses administered nationwide. Two characteristics of these registries were highlighted as highly desirable: 1) the system should provide reports and other outputs to facilitate monitoring vaccination coverage by vaccine, dose, geographical area, age (or other target group) and provider, and 2) the system provide outputs to facilitate the individualized and timely follow-up of vaccination schedules and the identification of defaulters.

Following plenary sessions, participants were assigned to seven working groups to highlight problems, identify potential issues and considerations, and propose solutions in diverse countries and situations. The topics were: 1) Considerations before proposing the development of a nominal immunization registry; 2) Data flow and entry of data in a computerized system; 3) Inclusion of all children in the registry in different scenarios to ensure a comprehensive population-based registry; 4) Implementation of nominal registries; 5) Outputs, reports and maps for immunization program managers at different levels; 6) Considerations for the selection of the informatics tools and standards, updates and maintenance, and type of development; and 7) Potential use of mobile technologies.

Participants agreed that 1) clear objectives and scope for a computerized immunization registry must be defined, 2) a collaborative and transparent decision making process is essential, 3) agreeing on technical and functional standards beforehand is highly important, and 4) once implemented in the field, training and supportive supervision of staff and data managers must be ongoing to ensure that accurate and reliable information is routinely captured in the system. The openness of the participants to share experiences, products, successes and failures was commendable. A community of practice i.e., an Internet-based site for the participants of the meeting and other stakeholders to share documents, experiences, and exchange ideas and information is being set up.
**INTRODUCTION OF PNEUMOCOCCAL VACCINE INTO EPI - YEMEN**

25/02/2011 from Osama Mere, WHO/Yemen

Introduction of Pneumococcal vaccine in to EPI in Yemen was launched in the capital Sana’a city in 29th Jan under the auspice of H.E. President Ali Abdalla Saleh. Prime Minister, Ali Mohammed Mojaour represented the President in the presence of high officials from EMRO; Dr Naema Al Qaseer, Assistant Regional Director and form GAVI; Mercy Ahun, Managing Director, H.E. Prof Abdel Kareem Rasea, Minister of Health, WHO and UNICEF representative, Minister of Finance and parliamentarians have also attended the launching ceremony which was a big event that was covered by all mass media.

In his speech Prime Minister assured the support of Yemeni Government to EPI as one of the priority programmes.

H.E. Prof AbdelKareem Rasea, Minister of Health expressed in his speech his intention to introduce Rotavirus vaccine in 2012. He also thanked GAVI, WHO and UNICEF for their support in materializing the dream of introduction of the Pneumococcal vaccine.

Dr Naema from EMRO emphasized the importance of immunization as one of the most cost effective health interventions.

Dr Ahun from GAVI expressed her happiness to attend this launch and to see that child morbidity and mortality will be decreased thanks to the introduction of the Pneumococcal vaccine.

The launching ceremony was an opportunity for the Minister of Finance to affirm the commitment of the government to pay its share of the costs of the vaccine.

At the end of the ceremony the 1st child in Yemen was vaccinated with Pneumococcal vaccine.

Introduction of the pneumococcal vaccine will accelerate the efforts to achieve MDG4 since acute respiratory infections are considered as the most important cause of mortality among children less than five years in Yemen.
EUROPEAN IMMUNIZATION WEEK 2011 TO HIGHLIGHT SHARED RESPONSIBILITY TO IMMUNIZE
25/02/2011 from Chelsea Hedquist, WHO/EURO

Between 23-30 April 2011, countries across the WHO European Region will once again come together to take part in the sixth European Immunization Week (EIW). Following the success of EIW 2010, during which 47 Member States in the Region joined the initiative, the WHO Regional Office for Europe is working to make EIW 2011 an effective tool for promoting immunization around the Region.

Recent outbreaks have underscored the collective responsibility of Member States to keep vaccine-preventable diseases under control. With WHO estimates showing that nearly 750,000 people in the Region are not properly immunized, there is much work to be done in order to achieve immunization goals, such as eliminating measles by 2015 and maintaining the Region’s polio-free status. With this in mind, the Vaccine-Preventable Diseases and Immunization (VPI) team at the WHO Regional Office for Europe has selected “shared solutions for common threats” as the EIW 2011 theme. This theme highlights the importance of collaborating and sharing experiences and solutions for combating the threats that accompany low vaccination coverage levels.

WHO Regional Office for Europe will continue to promote its EIW campaign site, launched during EIW 2010 as a way to connect stakeholders and share information about immunization activities across the Region. This year, additional features on the campaign site will enhance this powerful online networking tool and give EIW focal points exciting new ways to communicate with each other about the initiative. The WHO Regional Office for Europe also plans to expand its online presence with EIW-related podcasts and, as initiated last year, a launch event that will be available for viewing as a webcast.

The overarching goals of EIW are to promote immunization awareness and increase vaccination coverage in the Region. The EIW team at the WHO Regional Office for Europe looks forward to working with Member States to ensure that EIW 2011 effectively advances these important goals, while also collaborating with colleagues on other WHO immunization weeks around the world to enhance the global nature of this cause.

European Immunization Week: 23-30 April 2011
Learn more and get involved at the EIW campaign site.

STARTUP OF NEW SURVEILLANCE ACTIVITY FOR INVASIVE BACTERIAL DISEASE IN UZBEKISTAN
25/02/2011 from Annemarie Wasley, WHO/EURO

In preparation for the imminent implementation of a new sentinel surveillance system for monitoring invasive bacterial disease in Uzbekistan, two separate trainings were conducted in Tashkent during the week of 14 February, 2011. One was for the clinical and epidemiologic staff of Ministry of Health at the sites and national level, and the second was for laboratory staff. Trainings were conducted with assistance of expert consultants from collaborating centers at the London School of Tropical Medicine and Hygiene and the Health Protection Agency, UK. During the week, WHO staff and consultants also visited the hospitals that will be participating in the system to assess readiness for starting surveillance activities. It is expected that the data that will be collected through this system will provide valuable information about the burden of disease due to Haemophilus influenzae type B, Streptococcus pneumoniae and Neisseria meningitidis in Uzbekistan which will be useful for monitoring the impact of Hib vaccine which was implemented in 2009 and for informing a decision about introduction of pneumococcal vaccine. In addition, the data from Uzbekistan in combination with data being collected at similar surveillance sites in other countries (Azerbaijan, Georgia, and Ukraine) will provide a better picture of the epidemiology of these diseases across this part of the European region where information and knowledge of these diseases is scarce.
## Regional Meetings & Key Events Related to Immunization

<table>
<thead>
<tr>
<th>Title of Meeting</th>
<th>Start</th>
<th>Finish</th>
<th>Location</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2011 Meetings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPI Managers’ Meeting for Central Africa</td>
<td>02-Mar</td>
<td>03-Mar</td>
<td>Libreville, Gabon</td>
<td>AFRO</td>
</tr>
<tr>
<td>SEAR Immunization Technical Advisory Group meeting</td>
<td>02-Mar</td>
<td>03-Mar</td>
<td>TBD</td>
<td>SEARO</td>
</tr>
<tr>
<td>GAVI Programme &amp; Policy Committee</td>
<td>03-Mar</td>
<td>04-Mar</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>AFRO West and Central Africa Sub Regional Working Group</td>
<td>04-Mar</td>
<td>05-Mar</td>
<td>Libreville, Gabon</td>
<td>AFRO</td>
</tr>
<tr>
<td>SEARO regional workshop for training of facilitators to train mid-level managers of national immunization programmes</td>
<td>04-Mar</td>
<td>12-Mar</td>
<td>Colombo, Sri Lanka</td>
<td>SEARO</td>
</tr>
<tr>
<td>AFRO East &amp; South Sub Regional Working Group</td>
<td>15-Mar</td>
<td>16-Mar</td>
<td>Lesotho</td>
<td>AFRO</td>
</tr>
<tr>
<td>South East Asian Regional Working Group Meeting</td>
<td>21-Mar</td>
<td>22-Mar</td>
<td>New Delhi, India</td>
<td>SEARO</td>
</tr>
<tr>
<td>SEARO training workshop on AEFI monitoring, investigation and causality assessment</td>
<td>21-Mar</td>
<td>25-Mar</td>
<td>Yangon, Myanmar</td>
<td>SEARO</td>
</tr>
<tr>
<td>EPI Managers’ meeting East Africa</td>
<td>22-Mar</td>
<td>23-Mar</td>
<td>Harare, Zimbabwe</td>
<td>AFRO</td>
</tr>
<tr>
<td>SEARO Sub Regional Working Group</td>
<td>22-Mar</td>
<td>23-Mar</td>
<td>New Delhi, India</td>
<td>SEARO</td>
</tr>
<tr>
<td>Expert Committee meeting on AEFI causality assessment and vaccine signal</td>
<td>27-Mar</td>
<td>29-Mar</td>
<td>Dhaka, Bangladesh</td>
<td>SEARO</td>
</tr>
<tr>
<td>First Sabin Vaccine Institute Colloquium on Sustainable Immunization Financing (SIF)</td>
<td>28-Mar</td>
<td>29-Mar</td>
<td>Addis Ababa, Ethiopia</td>
<td>AFRO</td>
</tr>
<tr>
<td>Bi-regional NRA Forum collaboration with HQ</td>
<td>29-Mar</td>
<td>31-Mar</td>
<td>Bangkok, Thailand</td>
<td>SEARO</td>
</tr>
<tr>
<td>SAGE Meeting</td>
<td>05-Apr</td>
<td>07-Apr</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>AFRO East &amp; South - cMYP Workshop</td>
<td>11-Apr</td>
<td>15-Apr</td>
<td>TBD</td>
<td>AFRO</td>
</tr>
<tr>
<td>First WHO strategic forum of regulatory agencies for vaccines</td>
<td>12-Apr</td>
<td>14-Apr</td>
<td>Bangkok, Thailand</td>
<td>Global</td>
</tr>
<tr>
<td>GAVI Board Retreat</td>
<td>13-Apr</td>
<td>14-Apr</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>AFRO E&amp;S Workshop to finalize GAVI Applications</td>
<td>18-Apr</td>
<td>22-Apr</td>
<td>TBD</td>
<td>AFRO</td>
</tr>
<tr>
<td>EURO regional meeting for EPI Managers from GAVI eligible countries</td>
<td>April</td>
<td>April</td>
<td>TBD</td>
<td>EURO</td>
</tr>
<tr>
<td>PAHO/SIREVA II Workshop on the diagnostic and characterization of streptococcus pneumoniae, Haemophilus influenza and Neisseria meningitides to strengthen epidemiological surveillance of bacterial pneumonia and meningitis</td>
<td>April</td>
<td>April</td>
<td>Paraguay and Ecuador</td>
<td>PAHO</td>
</tr>
<tr>
<td>GAVI Programme &amp; Policy Committee</td>
<td>09-May</td>
<td>09-May</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>Fifth Bi-regional Meeting on Japanese Encephalitis Prevention and Control and JE Labnet Meeting</td>
<td>30-May</td>
<td>01-Jun</td>
<td>Lao PDR</td>
<td>WPRO</td>
</tr>
<tr>
<td>GAVI Donor Pledging Meeting</td>
<td>13-Jun</td>
<td>13-Jun</td>
<td>TBD</td>
<td>Global</td>
</tr>
<tr>
<td>Workshop on Country Experiences H1N1 Vaccine Deployment and Vaccine Security</td>
<td>13-Jun</td>
<td>17-Jun</td>
<td>Philippines</td>
<td>WPRO</td>
</tr>
<tr>
<td>WHO Global Meeting on Implementing New and Under-utilized Vaccines</td>
<td>22-Jun</td>
<td>24-Jun</td>
<td>Montreux, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>GAVI Governance</td>
<td>06-Jul</td>
<td>06-Jul</td>
<td>TBD</td>
<td>Global</td>
</tr>
<tr>
<td>PAHO Technical Advisory Group Meeting</td>
<td>06-Jul</td>
<td>08-Jul</td>
<td>Buenos Aires, Argentina</td>
<td>PAHO</td>
</tr>
<tr>
<td>GAVI Board Meeting</td>
<td>07-Jul</td>
<td>08-Jul</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>AFRO West and Central Africa Sub Regional Working Group Meeting</td>
<td>July</td>
<td>July</td>
<td>Abuja/Accra</td>
<td>AFRO</td>
</tr>
<tr>
<td>20th Meeting of the WPR Technical Advisory Group (TAG) on Immunization &amp; Vaccine Preventable Diseases</td>
<td>03-Aug</td>
<td>06-Aug</td>
<td>Philippines</td>
<td>WPRO</td>
</tr>
<tr>
<td>Pacific Immunization Programme Strengthening Workshops (PIPS)</td>
<td>22-Aug</td>
<td>27-Aug</td>
<td>Fiji</td>
<td>WPRO</td>
</tr>
<tr>
<td>Title of Meeting</td>
<td>Start</td>
<td>Finish</td>
<td>Location</td>
<td>Region</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>---------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Regional Meetings &amp; Key Events Related to Immunization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2011 Meetings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Meeting on Vaccine Preventable Disease Laboratory Networks in the Western Pacific Region</td>
<td>29-Aug</td>
<td>02-Sep</td>
<td>Philippines</td>
<td>WPRO</td>
</tr>
<tr>
<td>Regional Verification Committee for Measles Elimination</td>
<td>12-Sep</td>
<td>13-Sep</td>
<td>Philippines</td>
<td>WPRO</td>
</tr>
<tr>
<td>Global IBD Surveillance Meeting</td>
<td>12-Sep</td>
<td>14-Sep</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>Global Measles/Rubella and Polio Labnet Meeting-HQ</td>
<td>12-Sep</td>
<td>16-Sep</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>Bi-regional Regional Working Reference Standards (RWRS) workshop</td>
<td>13-Sep</td>
<td>15-Sep</td>
<td>Goa</td>
<td>SEARO</td>
</tr>
<tr>
<td>Regional workshop on rotavirus for health care professionals and medical academicians</td>
<td>19-Sep</td>
<td>20-Sep</td>
<td>Yerevan, Armenia</td>
<td>EURO</td>
</tr>
<tr>
<td>GAVI Programme &amp; Policy Committee</td>
<td>Sep</td>
<td>Sep</td>
<td>TBD</td>
<td>Global</td>
</tr>
<tr>
<td>AFRO West and Central Africa Sub Regional Working Group Workshop</td>
<td>Oct/Nov</td>
<td>Oct/Nov</td>
<td>Kinshasa, DRC</td>
<td>AFRO</td>
</tr>
<tr>
<td>SAGE Meeting</td>
<td>08-Nov</td>
<td>10-Nov</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific Region</td>
<td>14-Nov</td>
<td>18-Nov</td>
<td>Viet Nam</td>
<td>WPRO</td>
</tr>
<tr>
<td>Regional workshop for MICs on economical evaluations of new vaccines</td>
<td>Nov</td>
<td>Nov</td>
<td>TBD</td>
<td>EURO</td>
</tr>
<tr>
<td>PAHO Regional New Vaccines Meeting</td>
<td>Nov</td>
<td>Nov</td>
<td>Washington, D.C., USA</td>
<td>PAHO</td>
</tr>
<tr>
<td>GAVI Board Meeting</td>
<td>Dec</td>
<td>Dec</td>
<td>TBD</td>
<td>Global</td>
</tr>
</tbody>
</table>
# Links Relevant to Immunization

## Global Websites

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

## Regional Websites

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

## Newsletters

- PAHO/Comprehensive Family Immunization Program-FCH: Immunization Newsletter

---

Produced by WHO, in collaboration with UNICEF and the GAVI Alliance: