



GLOBAL IMMUNIZATION NEWS

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30 JANUARY 2009

TECHNICAL INFORMATION

IMMUNIZATION POLICY

30/01/2009 from Alison Brunier, WHO/HQ:

WHO recommendations for routine immunization

To assist countries in creating 21st century immunization schedules, WHO has produced tables summarizing its current recommendations on routine immunization. This compilation of the recommendations contained in WHO position papers on vaccines provides a list of the vaccines recommended as part of the routine schedule for children, adolescents and adults. Details on the recommended timing of routine immunization of children are also included.

Designed primarily for managers of national immunization programmes, the tables and their accompanying notes are also intended as key reference material for chairs of national advisory committees on immunization and partner organizations. They are expected to serve as a driving force for the review and improvement of schedules, in keeping with the Global Immunization Vision and Strategy, which promotes immunization of all age groups.

More information: http://www.who.int/immunization/policy/immunization_tables/en/index.html

HUMAN PAPILLOMAVIRUS

30/01/2009 from Linda Eckert, WHO/HQ:

On January 9, 2009, the WHO weekly epidemiological record (WER) summarized the conclusions and recommendations from the November 2008 meeting of the Strategic Advisory Group of Experts (SAGE). With 500,000 new cases of cervical cancer diagnosed each year, SAGE recognized the importance of cervical cancer and recommended the HPV vaccine be included in national immunization programmes if cervical cancer prevention is a public health priority, if vaccination programmes are feasible, and if sustainable financing can be secured. Two prophylactic HPV vaccines are now available and widely licensed. In clinical trials conducted in many continents, both have demonstrated at least 90% efficacy in preventing precancerous lesions of the cervix if administered to females prior to exposure to vaccine-related HPV types. Hence, the primary target population should be young females prior to the age of sexual initiation.

SAGE also recommended that the cost-effectiveness of vaccination strategies in the country or region be considered and that the vaccine should not undermine or divert funding from effective screening programmes which are in place to reduce HPV-related disease. Several delivery strategies are possible and pilot studies in several countries suggest school-based delivery is feasible. Countries should use vaccine delivery approaches that are compatible with infrastructure and cold-chain capacity, that are affordable, cost-effective and sustainable and that achieve the highest possible coverage. Vaccination of secondary target populations, such as older adolescent or young women is only recommended if this is feasible, affordable and cost-effective and does not divert resources from the primary target population. Male vaccination is not recommended at this time as models suggest that vaccination of the primary target population is expected to be the most effective strategy to reduce cervical cancer. A WHO position paper on HPV vaccination is scheduled for publication in April 2009.

HEPATITIS B IMMUNIZATION

30/01/2009 from Steven Wiersma, WHO/HQ:

Newborn hepatitis B immunization is a critical strategy to reduce morbidity and mortality associated with hepatitis B but must be implemented more fully according to new analyses published in the World Epidemiological Record (WER) 28 November 2008, vol. 83, 48 (pp 429–440) (<http://www.who.int/wer/2008/wer8348/en/index.html>) and Morbidity and Mortality Weekly Report (MMWR) November 21, 2008 / 57(46);1249-1252 (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5746a1.htm>).

Globally, hepatitis B virus (HBV) infections are a major cause of cirrhosis and liver cancer and are estimated to cause 620,000 deaths annually. Infants who become HBV-infected have a 90% risk of developing chronic HBV infection and when chronically infected, have a 25% risk of dying due to HBV infection. Hepatitis B vaccine administered to newborns within 24 hours of birth is up to 95% effective in preventing mother-to-infant HBV transmission. Newborn hepatitis B vaccination also provides early pre-exposure protection to infants born to uninfected women during the first year of life when risk for developing chronic HBV infection is greatest. In 2006, only 27% of infants born worldwide and 36% of infants born in countries with high prevalence ($\geq 8\%$ prevalence) of chronic HBV infection received hepatitis B vaccine within 24 hours of birth.

HEPATITIS A IMMUNIZATION

30/01/2009 from Steven Wiersma, WHO/HQ:

The Journal of Viral Hepatitis published a supplement earlier this year reporting on the first global meeting on hepatitis A virus (HAV) infection as vaccine preventable disease, held in Miami (<http://www.havmeeting.info> and <http://www3.interscience.wiley.com/journal/121388613/issue>). More than 200 experts from 46 countries gathered to investigate the changing global HAV epidemiology reflecting the increasing numbers of persons at risk for severe clinical disease and mortality from HAV infection. The benefits of childhood and adult hepatitis A (HepA) vaccination strategies and the data needed by individual countries and international health organizations to assess current HepA prevention strategies were discussed. New approaches in preventing HAV infection including universal HepA vaccination were considered. This supplement summarizes the major findings of the meeting and describes the changing epidemiology of HAV infections and the impact of HepA vaccination strategies in various countries. The meeting concluded that implementation of HepA vaccination strategies should take into account the level of endemicity, the level of the socio-economic development and sanitation, and the risk of outbreaks. A stepwise strategy for introduction of HepA universal immunization of children was recommended. This strategy should be based on accurate surveillance of cases and qualitative documentation of outbreaks and their control, secure political support on the basis of high-quality results, and comprehensive cost-effectiveness studies. The recognition of the need for increased global attention towards HepA prevention was an important outcome of this meeting.

YELLOW FEVER

30/01/2009 from Sergio Yactayo, WHO/HQ:

Informal Consultation on Screening and Investigation of YF-AEFI held in Geneva

An Informal Consultation on adverse events following Yellow Fever (YF) immunization took place in Geneva on 18-19 November 2008. A group of selected YF international experts made recommendations and completed the guidelines on the field screening of people supposed to have a severe adverse events following immunization (AEFI). Since 2007, an active surveillance of severe AEFI has been put in place by the countries during and after the YF mass vaccination campaigns in Togo, Senegal, Mali and Burkina Faso.

Screening and detection of people with severe AEFI supposedly linked with the YF vaccine is not easy. However, this needs to be done when millions of people are vaccinated in a short period of time. Preliminary results show that the reported rate of severe AEFI is less than 0.5 cases per 100,000 doses administered, in accordance with reported occurrences among travelers' populations or campaigns carried out in Brazil in the past.

STRATEGIC ADVISORY GROUP OF EXPERTS ON IMMUNIZATION

30/01/2009 from Alison Brunier, WHO/HQ:

SAGE met on 4-6 November and discussed issues including: use of human papillomavirus (HPV) vaccines, measles immunization and goals for hepatitis B control.

HPV vaccination recommended - see above contribution.

Two doses of measles vaccine for each child

SAGE reviewed the report from the September 2008 meeting of the SAGE working group on measles. The evidence from immunogenicity studies, field studies of vaccine effectiveness, mathematical modelling and country experience demonstrates that reaching all children with two doses of measles vaccine should be the standard for all national immunization programmes, with delivery either on a continuous basis, e.g. through routine services, or given periodically, e.g. through campaigns, whichever method achieves the higher coverage. Currently, 61 countries do not have a 2-dose routine measles immunization schedule.

Beyond hepatitis B vaccine introduction

SAGE strongly recommended that all regions develop goals for hepatitis B control appropriate to their epidemiologic situations.

The full report is available at http://www.who.int/wer/2009/wer8401_02.pdf

MEASLES

30/01/2009 from Hayatee Hasan, WHO/HQ:

Global measles deaths drop by 74% — Eastern Mediterranean region achieves measles goal three years early

Measles deaths worldwide fell by 74% between 2000 and 2007, from an estimated 750 000 to 197 000. The largest regional percentage reduction occurred in the Eastern Mediterranean (90%) and African (89%) regions, accounting for 16% and 63% of the global reduction in measles mortality, respectively. Despite progress, major challenges still need to be overcome to reach the 2010 goal to cut measles deaths by 90% over the period 2000-2010. With only two years until the target date, an estimated 197 000 people still die from measles each year, a majority of them children under the age of five. About two-thirds of these deaths occur in India where measles control activities must be accelerated. In addition, all countries need to sustain the gains in measles coverage that have been made to date. The 2008 measles outbreaks in Europe and the United States of America demonstrate how easily measles can spread when countries do not achieve measles vaccination coverage rates of 95% or greater, as recommended by WHO. The funding for measles activities for 2009-10 has not been fully secured as donors have not kept pace with country demands for support. The funding gap currently stands at US\$ 176 million, of which US\$ 35 million is needed in 2009. For more information, visit: http://www.who.int/immunization/newsroom/measles_presskit_dec08/en/index.html

Three million children immunized against measles in Côte d'Ivoire

In November 2008, the Government of Côte d'Ivoire conducted a nationwide measles immunization campaign targeting children from nine months to five years. Côte d'Ivoire has suffered from significant periods of crisis, beginning with a coup in 1999 and then armed conflict in 2002. With a peace agreement signed, general elections are expected to take place in 2009. According to the WHO-UNICEF immunization coverage estimates, in 2007, only 67% of children received one dose of measles vaccine by their first birthday through routine health services. Organized with support from the Measles Initiative and other partner agencies, this year's campaign aimed to immunize 3.2 million children. The objective of the campaign was to provide all children under the age of five with a second opportunity for measles vaccination. This photo story which is available in six languages, illustrates how this immunization campaign was successfully carried out. http://www.who.int/features/2008/measles_cotedivoire/en/index.html

HIB INITIATIVE

30/01/2009

At the occasion of the introduction of Hib-containing pentavalent vaccine in Bangladesh on 15 January, in collaboration with UNICEF, WHO, and GAVI Alliance, the Hib Initiative issued a press release and the news was covered in most major English and Bangla language newspapers and television stations.

The Indian Academy of Pediatrics (IAP) annual meeting in Bangalore will feature a plenary session on "Pneumonia the Forgotten Killer." In conjunction with the PneumoADIP, the Hib Initiative organized a press conference featuring local doctors. A baby who survived pneumonia was photographed extensively and featured in Indian newspapers. Hib Initiative and PneumoADIP collaborated on a booth displaying material about pneumonia and the role of vaccines, and ran a survey to measure perceptions of pneumonia and preventative vaccines among the paediatric community.

The Democratic Republic of the Congo (DRC) has indicated it will introduce Hib-containing pentavalent vaccine in late January. The Hib Initiative plans to assist in the issuing of an editorial explaining the benefits of the new vaccine to be published to coincide with the government ceremony.

Researchers from the Hib Initiative and PneumoADIP spoke at the 40th Annual General & 5th International Scientific Conference of the Paediatric Association of Nigeria (PANCONF 2009). A press conference with leading members of the PAN and researchers from the Hib Initiative and PneumoADIP generated press coverage in the leading daily newspapers on the importance of pneumonia prevention and the need for new vaccines in the routine immunization program. The Hib Initiative and PneumoADIP surveyed over 300 paediatricians during the conference on pneumonia prevention and use of vaccines.

POLIO

30/01/2009 from Oliver Rosenbauer, WHO/HQ:

Rotary and Gates announce major new funding for polio eradication

New contributions clear vote of confidence in intensified polio eradication effort

21 January 2009 - Rotary International and the Bill & Melinda Gates Foundation today announced a further joint financing commitment of US\$355 million towards the global effort to eradicate polio. Additional significant funding commitments were also announced by Germany and the United Kingdom. Bill Gates, co-chair of the Bill & Melinda Gates Foundation, said: "Rotarians, government leaders and health professionals have made a phenomenal commitment so polio afflicts only a small number of the world's children. Rotary in particular has inspired my own personal commitment to get deeply involved in achieving eradication." Worldwide, indigenous wild poliovirus transmission has been eradicated from all but four countries (India, Nigeria, Pakistan and Afghanistan).

WHO Director-General Dr Margaret Chan commented: "Together with enhanced commitment by the last four endemic countries at all levels, the new funding commitments are precisely what is needed to help the governments in these countries overcome the remaining barriers to reaching every child with polio vaccine." These new funding commitments are a clear vote of confidence in the intensified polio eradication effort, launched in February 2007 by the Global Polio Eradication Initiative (GPEI) stakeholders, to collectively address the remaining technical, financial and operational barriers to polio eradication. By end-2008, the intensified eradication effort had demonstrated that all challenges can be overcome.

With the near-term feasibility of polio eradication affirmed, and recognizing that each of the remaining four countries faces a unique set of challenges requiring country-specific approaches, a framework for a new five-year GPEI Strategic Plan 2009-2013 has been endorsed, combining proven eradication strategies with recently-developed tools and tactics, and incorporating bold new initiatives to scale-up the approaches needed to address the remaining challenges.

Outlining a corresponding five-year budget through 2013, the GPEI published its updated Financial resource requirements (FRR), summarizing the funding needed to successfully interrupt wild poliovirus transmission globally and prepare for the post-eradication era. With these new financial commitments, the global funding gap now stands at US\$340 million for the critical two-year period of 2009-2010. For more on the Rotary/Gates announcement, the FRR and framework for the new GPEI Strategic Plan 2009-2013, please visit www.polioeradication.org.

VACCINE MANAGEMENT

30/01/2009 from Miloud Kaddar & Souleymane Kone, WHO/HQ:

Workshop on vaccine procurement and vaccine management; Dakar, December 2008

In December 2008, an intercountry training workshop was organized on vaccine procurement and vaccine management in Dakar, Senegal by WHO AFRO and WHO-HQ in collaboration with Association Africaine des Centrales d'Achats des Médicaments Essentiels (ACAME). The workshop was attended by 32 participants representing the EPI (programme and logistics), finance and regulation departments as well as the central medical stores from Madagascar, Cameroon, Senegal, Mauritania, Benin, Burkina Faso, Burundi, Gabon and Côte d'Ivoire. The main objectives of the workshop were to: review vaccine procurement and vaccine management issues; provide updates on the vaccine market, procurement procedures and tools, logistics and cold chain requirement for new vaccines and links between EPI, finance, regulation and procurement units. The discussions highlighted the weak coordination between the different units and teams, inadequate information and awareness in countries on the procurement process and the responsibilities at country level. Other issues that emerged from the discussion was the limited number of supplier, and variable prices for vaccines. Furthermore, the WHO pre-qualified vaccines list is not well known by the central medical stores. Knowledge on vaccine market trends, new vaccine prices and future cold chain requirements is also very limited. At the end of the workshop, country teams presented national action plans to improve their system performance and a list of recommendations and priority actions to address regional and country issues on vaccine procurement and vaccine management. Country teams outlined also the kind of support needed from WHO and from the Central Medical Stores network ACAME.

IMMUNIZATION FINANCING

30/01/2009 from Patrick Lydon & Daniela Darie, WHO/HQ:

Every year, on the occasion of the Global Immunization Meeting (GIM), we take the opportunity to inform the immunization community about the latest updates and development done on the Immunization Financing website :http://www.who.int/immunization_financing/en/
Over the course of 2008, a significant number of updates were made which are now live at the start of 2009.

PUBLICATIONS

WHO PUBLISHED DOCUMENTS

28/11/08 from Mario Conde, WHO/HQ:

Generic protocol for monitoring impact of rotavirus vaccination on gastroenteritis disease burden and viral strains

Item code: WHO/IVB/08.16

url: http://whqlibdoc.who.int/hq/2008/WHO_IVB_08.16_eng.pdf

This generic protocol outlines a uniform approach to monitoring the impact of rotavirus vaccines that can be modified by countries to meet their specific needs. It provides background and justification for monitoring the impact of rotavirus vaccines once introduced in routine immunization schedules; describes assessment of vaccine impact by monitoring disease trends, using either existing data sources or active surveillance system; explain an approach for assessing vaccine effectiveness using a case control methodology; and describes the monitoring of the distribution of circulating rotavirus strains.

GAVI-RELATED INFORMATION

GAVI BOARD MEETING DATES FOR 2009

28/11/08 from Rudi Eggers, WHO/HQ:

Board Retreat: March 2-3, Amsterdam

Board Meeting: June 2-3, Washington, DC

Board Meeting: Nov 17-18, location to be determined

Partners' Meeting: Nov 18-20, location to be determined

HEALTH SYSTEMS STRENGTHENING (HSS)

30/01/2009 from Miloud Kaddar & Eliane Furrer, WHO/HQ:

In 2006, a working group at WHO began in-depth assessment of current debt relief initiatives for low income countries, to find out whether these initiatives provide an opportunity to scale up health and immunization financing in beneficiary countries. The work undertaken is part of a greater effort by WHO and the GAVI Alliance to explore and propose ways of raising and disbursing both foreign and domestic financial support for immunization and the health system. A particular objective of this work is to shed light on the following questions:

- What are potential opportunities arising from debt relief initiatives for health and immunization financing?
- What should health officials know about debt relief to effectively advocate for these resources?
- What are the experiences and lessons learnt from beneficiary countries?

Up until December 2008, eleven country case studies have been conducted for Burundi, Cameroon, Democratic Republic of the Congo, Madagascar, Malawi, Mauritania, Mozambique, Senegal, United Republic of Tanzania, Uganda, and Zambia.

More detailed information will be available online at the end of December 2008 from the WHO Immunization Financing Website www.who.int/immunization_financing/countries/debt_relief/en/

Major feature of interest include:

- Indications about the WHO work on Debt Relief: Objectives, Methods, Results
- For 11 priority countries:
 - Data sheets with findings relevant for the health sector and immunization
 - Case Study Executive Summary

- Glossary, health specific Q&A about debt relief, maps, links and suggested reading, etc.

The November edition of the Bulletin of the World Health Organization featured an article on the topic. The papers is available online from the WHO Website:

M Kaddar & E Furrer

Are current debt relief initiatives an option for scaling up health financing in beneficiary countries?

(Vol 86, November 2008, pp. 877–883)

<http://www.who.int/bulletin/volumes/86/11/08-053686.pdf>

Literature Review on Role of Private Sector in Provision of Immunization Services in Low to Middle Income Countries

A literature review is under way on the private health sector's role in providing immunization services in low to middle income countries. The private health sector consists of the private for profit organizations as well as the non profit organizations in the research conducted. The review focused on answering the following key questions: How important is the private sector and who are the targets and users, what the functions and effects of the private sector vis à vis basic and new vaccines, and how to regulate the private sector and integrate it into the national immunization and health system. The objective of this research is to provide evidence based recommendations and information to low and middle income country governments that are attempting to encourage or regulate the private sector and improve their immunization program performance by joining forces with the private health sector. Existing literature is relatively limited on the private health sector's role in middle income countries, especially in the Asian and African regions. Due to the geographical and thematical gaps in literature, country case studies and additional research need to be undertaken to improve the knowledge and possible guidance in these areas. (paper will be available mid February, contact Miloud Kaddar and Ann Levin)

REVIEW PROCESS

Next Review Dates:

PROPOSAL REVIEWS - ISS, HSS, INS, New Vaccines & Measles 2nd Dose:

15-30 June 2009. Submission deadline: 1 May 2009.

19-30 October 2009. Submission deadline: 11 September 2009.

6-16 April 2010. Submission deadline: 4 March 2010.

25 October - 5 November 2010. Submission deadline: 27 September 2010.

MONITORING IRC

15-30 June 2009 and 21-25 September 2009.

Submission deadline: 15 May 2009 for both rounds.

15-30 June 2010 and 20-24 September 2010

Submission deadline: 14 May 2010 for both rounds.

COUNTRY INFORMATION¹ BY REGION

AFRICAN REGION

REGIONAL INFORMATION

BURKINA FASO

30/01/2009 from Fenella Avokey, AFRO:

This is the latest country to have completed preventive campaigns against yellow fever in high risk districts. A total of 7.6m persons living in 37 districts were vaccinated against the disease early in December. Six countries (Cameroon, Cote d'Ivoire, Nigeria, Benin, Guinea and Sierra Leone) have so far completed yellow fever risk assessments and are at various stages of planning for their preventive campaigns.

REPUBLIC OF CONGO

30/01/2009 from Auguste Ambendet, AFRO:

Congo boosts Extended Programme on Immunization

Congo is boosting its national disease prevention policy with the introduction of Pentavalent in the Extended Programme on Immunization (EPI) and the official launch of the new vaccine Wednesday in Ignie, 45 km north of Brazzaville, by the Congolese Minister of Health, Social and Family Affairs, Emilienne Raoul. The percentage of children immunized against diphtheria, tetanus, whooping cough and poliomyelitis (DTCP3) has risen from 50 per cent in 2003 to more than 85 per cent in 2008, and Congo is providing EPI vaccines from their own funds and financing new vaccines jointly with the Global Alliance for Vaccines and Immunization (GAVI Alliance).

EUROPEAN REGION

REGIONAL INFORMATION

30/01/2009 from Naroessa Jagessar, EURO:

Meeting on New Vaccine Introduction within the Context of Immunization System Strengthening

Representatives of 20 WHO European Member States, staff of the WHO European Regional Office, WHO Headquarters, UNICEF and other immunization partners met from 25 to 27 November 2008 in Ankara, Turkey in November 2008 to discuss the introduction of new vaccines, within the context of immunization system strengthening. The three-day meeting, co-hosted by WHO and the International Children's Center, provided an excellent opportunity to share and address some of the priorities and challenges facing national immunization programmes.

Good progress has been witnessed in the Region with regard to the introduction of Hib and other new vaccines. Topics discussed included, the need for appropriate and accurate data and systems to enable decision-making and prioritization for new vaccine introduction, as well as data for monitoring the implementation and impact. The establishment of appropriate mechanisms to enhance communication and advocacy for new vaccine introduction was also deemed fundamental to success.

In light of the continuing outbreaks of measles, particularly in the western European countries, participants were updated on the priorities and challenges that must be addressed for the Region to reach the 2010 elimination goal, including the enhancement of case-based surveillance for measles and rubella, outbreak reporting and the re-establishment of political and financial commitment. Intense communication and advocacy to rebuild public and health community trust, must be carried out in countries where the anti-vaccination movement has temporarily destabilized the national immunization programme.

¹ 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;

All participants at the meeting acknowledged the benefits of sharing experience and knowledge between countries, including tried and tested guidelines and tools. The meeting recommendations were made on the basis of the discussions, to assist countries and the regional and national immunization partners in taking proactive steps towards a Region where children can live free of death and disability from all vaccine-preventable diseases. They are available in the meeting report, which will be published on our web site (www.euro.who.int/vaccine) soon.

European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE)

30/01/2009 from Naroessa Jagessar, EURO:

From 19 to 21 November 2008, The 2008 European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) was held in Berlin, Germany. At the conference, with over 500 participants, WHO/Europe presented an update regarding measles and rubella elimination in the WHO European Region by 2010, and the efforts still needed to reach the Regional goals. So far, all 53 countries in the Region have a routine 2-dose measles vaccination programme and all but one country have introduced rubella vaccine. Furthermore, by November 2008, 26 countries reported measles incidence of <1 per 1 000 000 population (elimination target).

ROMANIA

30/01/2009 from Naroessa Jagessar, EURO:

In November 2008, the Ministry of Public Health of Romania started an HPV immunization campaign at schools, targeting almost 110,000 girls in the fourth grade (9–10 years old). The first dose was scheduled for November–December 2008, the second in January and the last in May 2009. Unfortunately, although over 20 million euro were allotted for the campaign according to the authorities, parents were not informed about the vaccination until the day the immunization was conducted, and a large number of parents accordingly did not allow their children to be vaccinated. HPV introduction can be sensitive because of the target group - young girls - and the link to sexual activity.

AZERBAIJAN

30/01/2009 from Thomas S. O'Connell, WHO/HQ:

WHO/EURO organized and supported a mission to analyse and draw lessons from the successful HSS proposal development process in Azerbaijan, held from 21 to 26 December 2008. Findings will form a case study on national HSS processes.

A few preliminary findings :

- 1) The process of regular meetings of national stakeholders, to build consensus on priorities, required substantial partner support. For instance, for the WHO country office contributed 3 months of full-time effort spent jointly by two staff, helped to host 25 HSS working group meetings, and assisted the Ministry of Health to access 3 one-week technical support missions by external health system experts.
- 2) The process of engaging all key stakeholders and forging a useful consensus on HSS priorities, objectives and activities required a great deal of time by government as well as local partners: UNICEF, the World Bank and WHO (country and regional) staff all collaborated with the Ministry of Health over a period of nearly one year to support the HSS process and involve other bilaterals and stakeholders.
- 3) According to government focal points, the numerous meetings were essential in reaching a consensus on the critical gaps and funding priorities that could best be addressed by GAVI HSS funds. The end result was strong buy-in to the HSS plan on the part of government, as well as by health and development partners.
- 4) The Government is now preparing to be one of the first countries requested by GAVI to undergo the Financial Management Assessment, required under GAVI's new Transparency and Accountability Policy.

EASTERN MEDITERANEAN REGION

REGIONAL INFORMATION

30/01/2009 from Ezzeddine Mohsni, EMRO:

The 24th Meeting of the WHO Eastern Mediterranean Regional Technical Advisory Group on Immunization (RTAG) took place on 25 November in Al Fujairah, United Arab Emirates. The RTAG decided to recommend a regional goal for hepatitis B control with a long-term view towards elimination of HBV transmission. The Eastern Mediterranean Region is now gathering data needed to present a complete situation including "catch-up" vaccination on hepatitis B and data (published and unpublished) on hepatitis B serosurveys (especially among vaccinated cohorts) from countries in the region. This information will be used to present a complete picture of the regional situation to the Regional Committee who will be asked to endorse this goal.

SOUTH EAST ASIAN REGION

REGIONAL INFORMATION

BANGLADESH

28/11/08 from Nihal Singh, SEARO:

Bangladesh introduced DTP+Hep B+Hib as a combined pentavalent vaccine into its Expanded Programme on Immunization from January 2009. The inauguration of the introduction of pentavalent vaccine took place at Khulna City Corporation in the district of Khulna on the 15th of January, targeting 367,500 infants. The Minister of Health & Family Welfare, Bangladesh inaugurated the introduction as the Chief Guest.

The pentavalent formulation chosen by Bangladesh Immunization programme is the single dose liquid preparation. The expansion of introduction will be carried out in a phased manner reaching initially 5 city corporations and 5 districts and it is expected to reach nation wide coverage by the end of the year, reaching approximately 3.8 million infants.

In the South East Asia Region, Sri Lanka introduced this vaccine in January 2008, Nepal has plans to introduce in April 2009 and, Bhutan in the latter half of 2009.

WESTERN PACIFIC REGION

REGIONAL INFORMATION

30/01/2009 from Rani Manju, WPRO:

Key Recommendations from 14th meeting of the Regional Commission for Certification (RCC) of Poliomyelitis Eradication in the Western Pacific Region (RCC) held in Vientiane, Lao Peoples' Democratic Republic (9-10 December 2008):

The RCC reviewed the final reports on Phase 1 wild poliovirus laboratory containment and findings from the external technical review panel, and concluded that the Phase 1 containment activities documented by China and Japan provide a complete and accurate national inventory of laboratories with wild poliovirus infectious and potentially infectious materials. With these final reports, the RCC declared Phase 1 wild poliovirus laboratory containment, laboratory surveys and national inventories, complete for the whole of the Western Pacific Region.

The RCC also reviewed and fully endorsed the draft Regional Strategic Plan for the Maintenance of Polio-Free Status 2008 -2012. The RCC strongly encouraged all polio eradication stakeholders at regional and country level to use the Strategic Plan to guide and implement all necessary activities during the period up to global certification of the interruption of wild poliovirus transmission and for advocacy and fund-raising purposes.

3rd International Symposium on Rotavirus Vaccine in Kunming, China (December 2-3, 2008):

Representatives from ministries of Health of China, Singapore, Hong Kong (China), international and domestic vaccine industry and international organizations (WHO, CDC (Atlanta), PATH) participated in a two day long International Symposium on rotavirus vaccine. Data were presented on disease burden and economic evaluations from ongoing sentinel hospital based surveillance for rotavirus in 11 provinces in China since 1998 as well as from Hong Kong (China) and Singapore. The representatives from vaccine industries presented the efficacy and safety data about their licensed products as well about new vaccines in pipeline. None of the two internationally licensed rotavirus vaccines are licensed in China, though a domestically produced lamb strain based rotavirus vaccine is licensed since 1998. However, there is little clinical efficacy and safety data available about this vaccine. Many domestic manufacturers are in the process of developing new rotavirus vaccines in collaboration with CDC, Atlanta and NIH, USA.

Organization of an international expert meeting on hepatitis B control, November 24-25, 2008:

An hepatitis B expert meeting was organized at Seoul, Republic of Korea from November 24 to 25, 2008 with participants from the five largest countries in the Region (China, Japan, Philippines, Republic of Korea, and Vietnam), and members from hepatitis B expert working group for Western Pacific Region. The forum reviewed the progress made in hepatitis B control towards achieving the regional goal of <2% chronic HBV infection rates, the Regional plan of action including the strategies for improving birth dose coverage and the certification process for achievement of the goal. The forum concluded that Regional plan of action is

very comprehensive with a staggered approach depending upon the status of the countries. It also decided that the countries that reach the certification level vaccination coverage for birth dose and HepB3 only in 2011 and 2012, will be provisionally certified for achieving the goal, pending the verification of chronic HBV rates less than 2% later once the cohorts born in these years reach at least five years of age. The meeting report is being finalized and will be available soon.

Polio Eradication Champion Award

On 20 January 2009, Rotary International recognized Dr Shigeru Omi, the outgoing WHO Regional Director for the Western Pacific, with the Polio Eradication Champion Award for his leadership in support of a polio-free world. It did not only recognize Dr Omi's critical role in the achievement of the Western Pacific Region certified polio-free in 2000 but also his ongoing active contribution to the global programme by assigning EPI staff of his office to support efforts in polio endemic countries in other regions and by working to secure funding for polio eradication from donors within the region.

LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

| Regional Meetings & Key Events Related to Immunization | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|----------------------------|---------------------------------|--------|
| Title of Meeting | Start | Finish | Location | Responsible Partner | Region |
| 2009 Meetings | | | | | |
| Global Immunization Meeting | 17-Feb | 19-Feb | New York | UNICEF/WHO | Global |
| Global Measles Management Meeting | 20-Feb | 20-Feb | New York | UNICEF/WHO | Global |
| PneumoADIP and Hib Initiative Surveillance Networks Investigators | 04-Mar | 06-Mar | Johannesburg, South Africa | WHO/GAVI/Hib Initiative | AFRO |
| EPI Managers Meeting | 09-Mar | 13-Mar | Ouagadougou | IST West | AFRO |
| Inter country Training Course on implementing Real Time Polymerase Chain Reaction (RT PCR) technology for rapid detection and characterization of Polio virus | 09-Mar | 13-Mar | Mumbai, India | WHO | SEARO |
| EPI Managers Meeting | 18-Mar | 20-Mar | tbc | IST E&S | AFRO |
| GAVI Regional Working Group Meeting | tbc | tbc | Lilongwe, Malawi | UNICEF ESARO | AFRO |
| EPI Managers Meeting | 23-Mar | 27-Mar | tbc | IST Central | AFRO |
| Inter-country vaccine Management Training | 23-Mar | 29-Mar | Thailand | UNICEF/EAPRO | WPR |
| Strategic Advisory Group of Experts (SAGE) meeting | 07-Apr | 09-Apr | Geneva | WHO/HQ | Global |
| Vaccine prioritization workshop | 05-May | 07-May | Bangkok Thailand | WHO | SEARO |
| The 9th International Advanced Course on Vaccinology for the Asia Pacific Region (for more information http://www.ivi.int/vaccinology2008/) | 11-May | 16-May | Seoul, Korea | International Vaccine Institute | SEAR |
| PAHO Meeting of the Technical Advisory Group on Vaccine-Preventable Diseases | 07-Jun | 10-Jun | Costa Rica | PAHO | PAHO |
| PAHO Sub-Regional Meeting of the Central American Region, Mexico and the Spanish Caribbean on Vaccine Preventable Diseases | 08-Jun | 11-Jun | tbc | WHO | PAHO |
| PAHO Sub-Regional Meeting of the Andean and Southern Cone Regions on Vaccine Preventable Diseases | 12-Aug | 13-Aug | tbc | WHO | PAHO |
| Strategic Advisory Group of Experts (SAGE) meeting | 27-Oct | 29-Oct | Geneva | WHO/HQ | Global |
| 26th Meeting of the Caribbean Expanded Program on Immunization Managers | 16-Nov | 20-Nov | tbc | WHO | PAHO |

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>

GAVI Alliance Website

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

IMMUNIZATIONbasics (JSI)

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

UNICEF Supply Division Product Menu for GAVI Vaccines

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.php>

Malaria Vaccine Initiative

<http://www.malariavaccine.org>

Measles Initiative

www.measlesinitiative.org

Meningitis Vaccine Project

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

PneumoADIP

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/

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/

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