

World Health Organization

Global Immunization News

The information contained in this Newsletter depends upon your contributions

Please send inputs for inclusion to:

sparrowe@who.int

Inside this issue:

Consultation on communication for pneumonia and diarrhoea control and new vaccine introduction	2
Second EPIVAC Technical Conference	2
ADVocacy for Immunization (ADVIM)	3
Performance, Quality, and Safety (PQS) Consultative Meeting with the Industry	3
Tables of Malaria Vaccine Projects	3
The Cold Chain and Logistics (CCL) Task-	4
Supply Chain update	4
SAGE recommendations—cholera control	5
Global measles deaths drop by 78%	6
NEW PROJECT ANNOUNCEMENT - ARISE Project	6
GAVI related Information	6
Regional Information	7
Regional Meetings & Key Events	8
Related Links	9

Technical Information

PARTICIPATE IN THE GIM LIVE VIA THE WEB!

The **Global Immunization Meeting, 1 - 3 Feb 2010**, will be webcast in real time, allowing anyone globally to see the presentations being given and hear the speakers and audience. You could even pose questions via a proxy within the audience. Register now at:

<https://www1.gotomeeting.com/register/397984192>

Once registered you will receive an email confirming your registration with information you need to join the Webinar.



UPDATE TO WHO POSITION PAPER ON ROTAVIRUS VACCINES

29/01/2010 from Alison Brunier, WHO/HQ:

An update to "**WHO's position paper on rotavirus vaccines**" (first published in 2007) was published in the *Weekly Epidemiological Record* on 18 December 2009. In the paper, WHO recommends that rotavirus vaccine for infants should be included in all national immunization programmes. In countries where diarrhoeal deaths account for $\geq 10\%$ of mortality among children aged < 5 years, the introduction of the vaccine is strongly recommended. WHO recommends that the first dose of either RotaTeq or Rotarix be administered at age 6–15 weeks. The maximum age for administering the last dose of either vaccine should be 32 weeks. The paper also reiterates that rotavirus vaccines are an important measure that can be used to reduce severe rotavirus-associated diarrhoea and child mortality. The use of rotavirus vaccines should be part of a comprehensive strategy to control diarrhoeal diseases; this strategy should include, among other interventions, improvements in hygiene and sanitation, zinc supplementation, community-based administration of oral rehydration solution and overall improvements in case management.

Download the documents here: [Update to position paper](#); [2007 position paper](#). The Arabic, Chinese, Russian and Spanish translations of the document will be posted [here](#) in due course.

WHO VACCINE-PREVENTABLE DISEASES: MONITORING SYSTEM - 2009 GLOBAL SUMMARY

29/01/2010 from Mario Conde, WHO/HQ:

This IVB document is now [online](#). The document is a global summary of data pertaining to vaccine-preventable diseases. It covers disease incidence of diphtheria, measles, mumps, pertussis, polio, rubella and congenital rubella syndrome, neonatal and total tetanus, and yellow fever, as well as vaccination coverage for BCG, DTP, hepatitis B, Hib, measles, polio, tetanus toxoid and yellow fever. It also includes recommended immunization schedules for those countries which have reported it. These data are reported on an annual basis to the WHO regional offices by countries. The data are presented both by member states and in a regional summary.

Technical Information

CONSULTATION ON COMMUNICATION FOR PNEUMONIA AND DIARRHOEA CONTROL AND NEW VACCINE INTRODUCTION

29/01/2010 from Hayatee Hasan, WHO/HQ:

At a meeting on 8-9 December 2009, communication and programme experts convened at UNICEF, New York, to develop a shared vision for national communication strategies for new vaccine introduction in the context of pneumonia and diarrhoea control. The meeting was attended by 23 communication and programme experts. The consultation began with a comprehensive introduction to the programmatic and communication-specific elements for pneumonia, diarrhoea and new vaccines through short presentations to give context and raise discussion issues, followed by group work. The consultation 'brainstormed' the risks and opportunities that need to be considered when planning a coordinated communication strategy and then worked in small groups to define framework elements for each of four key planning stages: analysis, design, implementation, and evaluation, noting specific guidance that may be needed, potential pitfalls, and current tools available. The inputs from the consultation were used to help define the outline of a 'framework' of guidance for countries, and participants agreed on the next steps for developing the approach. Drafts of the meeting report and framework will be shared at the upcoming NUVI retreat in Geneva on 4 February 2010.

SECOND EPIVAC TECHNICAL CONFERENCE

29/01/2010 from Marine Prado, AMP:

As part of its mission, the **EPIVAC International Network (EPINET or RIE)** organized the 2nd EPIVAC Technical Conference. This edition was held November 26th – 28th at the Institut Régional de Santé Publique (IRSP) in Ouidah, Benin. The conference was attended by 175 participants from 14 countries.

With the goal of addressing current preoccupations in sub-Saharan Africa in general, and in EPIVAC countries in particular, the 2009 conference focused on the theme, "Performance of vaccination programs in sub-Saharan Africa: current state of affairs and good practices for better results."

Within this theme, particular attention was given to the following points:

- GAVI: lessons learned from the introduction of new vaccines in sub-Saharan Africa;
- Obstacles and innovative solutions to public reluctance to vaccination;
- "Zero-dose" children: a practical case study;
- Influenza A (H1N1): situation, preparation, investigation and response.

The event also included a workshop on project management and the use of RIE digital communication tools; a discussion of 2009 RIE results; and the constitution of complementary RIE channels, e.g., a teacher-researcher committee and a vaccination program managers committee.

The 2009 EPIVAC Technical Conference was made possible through financial support from the French Ministry of Foreign and European Affairs, AMP ([Agence de Médecine Préventive](#)) and Sanofi Pasteur. [Pictures of the event](#)

For more information on the EPIVAC international network, please visit www.epinet-int.org

For more information on the EPIVAC training program, please visit www.epivac.org

"Introducing new vaccines and technologies"

The information contained in this Newsletter depends upon your contributions

Please send inputs for inclusion to:

sparrowe@who.int



Technical Information

The information contained in this Newsletter depends upon your contributions

Please send inputs for inclusion to:

sparrowe@who.int



ADVOCACY FOR IMMUNIZATION” (ADVIM)

29/01/2010 from Marine Prado, AMP:

AMP ([Agence de Médecine Préventive](#)) receives a \$1.4 Million Grant from the Bill & Melinda Gates Foundation to Improve Advocacy for Vaccines and Immunization Systems in West Africa. The program, called “Advocacy for Immunization” (ADVIM), is a collaborative effort involving the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), and local finance, health, and planning ministries. ADVIM’s advocacy platform will be developed by AMP and members of the [EPIVAC international network](#), a group of 400 health professionals involved in immunization in 11 sub-Saharan African countries. The participating countries will be selected among those meeting the requirements for GAVI Alliance funding. [Official Press release](#)
For more information on the EPIVAC international network, please visit www.epinet-int.org

PERFORMANCE, QUALITY, AND SAFETY (PQS) CONSULTATIVE MEETING WITH THE INDUSTRY, 3-4 DECEMBER 2009

29/01/2010 from Denis Maire, WHO/HQ:

The Performance, Quality and Safety (PQS) Team has introduced progressively its new prequalification scheme for immunization equipment and devices and reached a point where it became critical to obtain the feedback from industry as well as partners to make the best use of the new system for the interest of the countries it serves. In this context the first consultative meeting with industry was organized on 3-4 December 2009, gathering 97 participants representing manufacturers and partners. The main objectives of this meeting were to present the functioning of the system as well as the various requirements set for the prequalification of equipment and devices by category and to identify the various concerns that manufacturers might have in the submission of applications for the prequalification of their products. The core requirements for each category of equipment were reviewed and led to the following main conclusions:

- It is recognized that all prequalified injection devices do not ensure the highest level of safety and therefore further discussions will take place in the coming months on the concept of an "ideal" syringe and a meeting set to decide on the best timeline to bring necessary amendments.
- More efforts are needed to improve countries awareness on WHO PQS minimum standards for equipment and devices and to ensure usage at all levels of the new PQS web-based database, which is expected to be active in the coming weeks.
- Cold chain systems are under strain due to the increasing volume of vaccines to be stored and the need for cold chain appliances to be more efficient and environmentally friendly. Technologies are evolving and manufacturers are to adapt to these changes as product specifications have to reflect new developments.

“Integrating Immunization, other linked health interventions and surveillance in the health systems context”

TABLES OF MALARIA VACCINE PROJECTS GLOBALLY

29/01/2010 from Vasee Moorthy and Stefan Wagener, WHO/HQ:

Malaria vaccine research and development has been an area of intense effort by many groups and funders over the last few decades. Despite this, there is currently no licensed, effective malaria vaccine available. Researchers, clinical trialists and vaccine developers have been working on many approaches to bring forward the availability of such a malaria vaccine.

WHO has tracked global malaria vaccine activity for several years in the form of published tables, known as the "rainbow tables". In January 2010, WHO completed the first phase of updating these tables with the provision of further detailed information in the form of spreadsheets. WHO gratefully acknowledges the input of all the funding agencies, investigators and groups that contributed. Currently these spreadsheets represent the most complete publicly available summary of malaria vaccine projects at advanced pre-clinical and clinical stages globally. The spreadsheets are available [online](#), and include links to clinical trial registries, sponsors, participating centres and countries, vaccine platforms, constituents, doses, schedules and links to references.

Technical Information

THE COLD CHAIN AND LOGISTICS (CCL) TASKFORCE

29/01/2010 from Kate Bai, UNICEF:

The December 2009 CCL workshop report is now available [here](#). The Guidance Subgroup is seeking all CCL-related guidance publications, resources, and tools and will be setting up a site to collect, synthesize and review the guidance. Please contact [Kate Bai](#) with any suggestions.

The Japanese grant for strengthening CCL systems was reviewed by two consultants (Terry Hart and Julian Bilous) in six of the 17 supported countries. The grant helped countries meet some key CCL needs, and the countries appreciated that supply immediately followed assessment. Implementation was variable reflecting CCL's lack of attention, priority and human resources. A 'systems' based approach, including a plan and budget for distributing and setting up equipment is needed.

The grant included support for two new technology items: SolarChill (SC) and Fridge-Tag (FT). The SC addresses the main challenge with solar fridges: the battery. However, it still has a small replaceable battery to run the internal fan. Users find the SC easy to use and like the fact that it has no operational fuel or other needs. The SC is relatively easy to install with basic carpentry and electrical skills, but better guidance is needed for installation and maintenance, including to prevent frost build-up. The SC does not quite meet PQS standards, but performed adequately for vaccine storage in all sites assessed. Another limitation is its small size, with only 20L of net storage space: larger fridges are needed now! The FT provides a continuous record of temperatures for 30 days as well as vaccine-relevant alarms for heat and freezing. The main challenges for this useful tool are its cost, limited life span, and occasional product failures which would require ongoing investment. Training is also needed. We will be continuing to explore best use of these and other new logistics-related technologies.

SUPPLY CHAIN UPDATE

29/01/2010 from Kate Bai, UNICEF:

During the Global Immunization Meeting, which will be held in Geneva, 1-3 February, 2010 at the CIGG, an interactive side session will be held on Wednesday, 3 February with the aim of brainstorming and starting the process of developing a global 2025 vision for immunization supply chains.

Participants will be asked to draw on their own experiences to help sketch out an idealized but realistic future vision for supply chain systems and their ideal attributes including:

- What does an ideal vaccine supply system look like? What characteristics and attributes does it have? What functions does it have/enable?
- What innovative experiences and approaches are used in countries/ private sector that could have wider benefits if scaled up?
- How do we mobilize a collective effort to reach this future vision for immunization supply systems?

All GIM participants, especially those colleagues working in industry and at the country/regional level, are encouraged to attend.



Fridge

Credit: Julian Bilous



Solar Panel for SolarChill

Credit: Julian Bilous

The information contained in this Newsletter depends upon your contributions

Please send inputs for inclusion to:

sparrowe@who.int

Technical Information

SAGE MAKES NEW RECOMMENDATIONS ON CHOLERA CONTROL

29/01/2010 from Hayatee Hasan, WHO/HQ:

At its latest meeting, the Strategic Advisory Group of Experts (SAGE) on Immunization made a number of firm recommendations on cholera control. The increasing frequency and severity of cholera epidemics during recent years, the availability of a lower-cost cholera vaccine and recent data on the effectiveness, feasibility and cost-effectiveness of oral cholera vaccination were considered. Key recommendations were that the two oral cholera vaccines available should be used in areas with endemic cholera and considered for use in areas at risk for cholera outbreaks, in conjunction with other cholera prevention and control strategies. Other topics discussed at the meeting included pandemic influenza A (H1N1) vaccines, the future programme of work of the Global Polio Eradication Initiative, the epidemiology of unvaccinated infants, and the strengthening of pertussis surveillance and control. [More information.](#)

DELEGATES AT EB EXPRESS SUPPORT FOR NEW 3-YEAR PLAN TO ERADICATE POLIO.....AS FUNDING CONCERNS GROW

29/01/2010 from Sona Bari, WHO/HQ:

Geneva, Switzerland - 23 January 2010: At the **126th Session of the Executive Board (EB) of the World Health Assembly (WHA)**, delegates expressed strong support for finishing the job of polio eradication and endorsed the finalization of a new three year Programme of Work to do so, despite a particularly challenging year epidemiologically in 2009. After hearing a report from the Chair of the Independent Evaluation of Major Barriers to Interrupting Poliovirus Transmission and frankly acknowledging the remaining hurdles, delegates noted other, positive outcomes of the 2009 Programme of Work, in particular the impact of tactical and scientific innovations in each endemic area and the development and introduction of a new, bivalent, oral polio vaccine. These outcomes, they noted, advocate for new international commitment to complete the job of securing a polio-free world.

Delegates praised the country-driven approach to the new Programme of Work 2010-2012, building on the 2009 innovations and evaluations. Achieving the new milestones requires the systematic scale-up and full application of these new solutions in all areas, which in turn requires political commitment and ownership across all sectors and all levels of government in polio-affected areas. New multi-year funding from the international development community and national governments is urgently needed to turn these plans and commitments into implemented actions, particularly given the call to expand the number and extent of polio campaigns in high-risk polio-free areas.

A recurring theme in the EB's deliberations was the full government ownership and responsibility for ensuring strategies are effectively implemented. Such responsibility depends ultimately on district-level ownership: several EB delegates cited the experience of Nigeria, where in 2009 renewed commitment by state governors resulted in increased district-level accountability, operational improvements and a significant drop in new polio cases. Delegates noted that such steps to secure cross-sectoral engagement by political and civil leadership should be replicated in other polio-affected countries and areas.

Noting that the international spread of polio can be constrained by strong routine immunization, several delegates stressed the importance of linkages between the polio eradication effort and strengthening immunization systems to protect the gains made against polio so far.

To secure ownership at all levels and across all sectors for polio eradication, the spearheading partners of the Global Polio Eradication Initiative (GPEI) - the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF - are consulting widely with both polio-affected countries and members of the international development community in the development and finalization of the Programme of Work 2010-2012. Once finalized, the document will essentially serve as a high-level 'contract' among all GPEI stakeholders, committing to do their part in ensuring a polio-free world is achieved once and for all, and summarizing each stakeholder's role and responsibility. The finalized Programme of Work 2010-2012 is to be presented to the upcoming WHA in May 2010. For more information on the GPEI, please visit www.polioeradication.org

"Immunizing in the context of global independence"



Children being immunized in Kano, Nigeria, Nov 2009 supplementary immunization plus days

The information contained in this Newsletter depends upon your contributions

Please send inputs for inclusion to:

sparrowe@who.int

GLOBAL MEASLES DEATHS DROP BY 78% BUT RESURGENCE LIKELY

29/01/2010 from Hayatee Hasan, WHO/HQ:

Between 2000 and 2008, measles deaths worldwide fell by 78% from an estimated 733 000 to 164 000. In addition, all regions with the exception of one, have achieved the United Nations goal of reducing measles mortality by 90% from 2000 to 2010, two years ahead of target. However, global immunization experts warn of a resurgence in measles deaths if vaccination efforts are not sustained. [Experts](#) fear the combined effect of decreased political and financial commitment could result in an estimated 1.7 million measles-related deaths between 2010-13, with more than half a million deaths in 2013 alone. "So much has been achieved in the past several years thanks to the hard work and commitment of national governments and donors. But with only two years until the target date, there are signs of stalling momentum," said Dr Margaret Chan, WHO Director-General. "This is a highly contagious disease that can quickly take advantage of any lapse in effort." [More information.](#)

NEW PROJECT ANNOUNCEMENT - ARISE PROJECT

29/01/2010 from Robert Steinglass MCHIP/JSI:

The Africa Routine Immunization System Essentials (ARISE) project is a two year learning initiative, managed by JSI Research & Training Institute, Inc. with funding from the Bill & Melinda Gates Foundation. The project will work with partners and stakeholders to identify and document promising interventions leading to improved and sustained routine immunization system performance in sub-Saharan Africa. While promising interventions and innovations are taking place throughout the region, many have not been systematically captured nor shared. This project will review and document existing evidence and explore how interventions are being adapted, diffused, sustained and scaled up throughout Africa. Evidence-based solutions will be translated into clear and focused options for investments by the global community. As a first step, the ARISE project is conducting a Landscape Analysis to identify a wide range of innovations, interventions and/or factors in routine immunization system performance as candidates for further, in-depth exploration. **REQUEST FOR INFORMATION** - ARISE is requesting information from your own experiences on specific interventions/innovations and factors in strengthening routine immunization performance. Identified cases should focus on improved routine immunization systems and a range of possible underlying elements/drivers - for example - governance/coordination structures, policy, planning and management, demand, advocacy and communications, staffing structures, budgeting/financing, supplies/logistics, data use, etc. Based on the data acquired on each case, the project will seek to describe the current status of the interventions (e.g., design, piloting/testing, early implementation); scale of application (e.g. community, sub-district, district, national); and the existing evidence base. Please send any available information to arise@jsi.com, preferably by **15 March, 2010** along with contact information for follow-up communications. We thank you in advance for your attention and participation. For more details on the announcement, please contact Robert Steinglass, ARISE Project Director, at arise@jsi.com. **Stay tuned for updates on this new project!**

NEW PUBLICATION: MANUAL OF ROTAVIRUS AND DETECTION CHARACTERIZATIONS METHOD

29/01/2010 from Hayatee Hasan, WHO/HQ:

This IVB document is now available online. The manual was prepared by staff of the WHO Rotavirus Collaborating Centers and Regional Laboratories throughout the world and is a comprehensive collection of methods for the detection and characterization of rotaviruses. The manual should be used in conjunction with the training provided in a Collaborating Centre or Regional Laboratory and contact with that centre should be maintained in order to provide quality assurance and frequent updates of methods.

[Download the full document](#)

GAVI related Information



Next GAVI Review Dates:

Information on 2010 GAVI submission and review dates to be confirmed.

Country Information by Region

AMERICAS:

29/01/2009 from Beatrice Carpano and Carolina Danovaro, WHO PAHO:

Evaluation of Bacterial Pneumonia and Meningitis in Guatemala: Since April 2007, Guatemala has been actively involved in bacterial meningitis and pneumonia surveillance activities in three sentinel hospitals to obtain standardized epidemiological data in children aged <5 years, to identify and characterize the circulating strains of Hi, meningococcal, and pneumococcal agents, and to monitor antimicrobial susceptibility patterns. From 16-20 November 2009, the first international evaluation of bacterial pneumonia and meningitis surveillance was conducted in Guatemala to assess the operation and impact of the hospital-based sentinel surveillance system in the country and to identify the system's strengths and weaknesses in order to propose recommendations for improved performance. The evaluation team also sought to assess guidelines, used for the first time and developed by WHO in collaboration with PAHO and CDC. Members of the evaluation team were from the Ministry of Public Health and Social Welfare of Guatemala, PAHO/Washington, D.C., and CDC/Atlanta. The hospitals evaluated were Roosevelt, Instituto Guatemalteco de Seguridad Social Area 9, Cuilapa Santa Rosa, and the National Health Laboratory and National Center of Epidemiology. Next steps for improvement include the strengthening of the surveillance system with regards to structure (legislation, strategy, and implementation), essential functions (case detection, registration, and confirmation; case analysis, interpretation, and reporting), and support functions (basic guidelines, capacity, supervision, communication; human, financial and logistical resources).

EASTERN MEDITERRANEAN REGION:

18/01/2009 from Nahad Sadr-Azodi, WHO EMRO

In response to the World Health Assembly (2000), Global Immunization Vision and Strategy (2006-2015) and the Regional Technical Advisory Group (2007) call for immunization programmes to improve their evidence-based decision making process, the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) is fully supporting the countries to establish well-functioning **National Immunization Technical Advisory Groups (NITAGs)**. Since 2008 WHO/EMRO has invested substantial human, technical and financial resources in support of establishing and strengthening 17 NITAGs through standardization, information sharing and technical support, and advocacy and partnerships. Specifically in 2009, EMRO developed a Regional Strategic Plan, the NITAG Guide and tools and templates, which can be accessed on a recently updated Regional Office [NITAG web page](#). In addition, EMRO provided in-country technical assistance and training, participated in advocacy meetings and discussions, and organized an inaugural briefing for NITAG Chairpersons in July 2009. In 2010, EMRO will remain committed to supporting the countries by strengthening and expanding its partnership, arranging and organizing regional training and briefing sessions for NITAG Chairs and members, and providing technical assistance and training to immunization programmes. Specifically, EMRO will focus on the composition and capacity of NITAG members and the quality of information exchanges and analyses required for sound evidence-based decisions and recommendations.

SOUTH EAST ASIA REGION:

Country Information, India

29/01/2010 from Ranjit Dhiman / Satish Kumar Gupta- UNICEF India

VACCINE WASTAGE ASSESSMENT, INDIA

In Collaboration with the Ministry of Health, Government of India, UNICEF with WHO and partners carried out vaccine wastage assessment in India. The aim of assessment was to understand current vaccine wastage at various levels (geographic and coverage) and with varying packaging and to suggest areas where wastage can be minimized.

The lack of knowledge of the wastage rates leads to inadequate estimations of needs and subsequent stock-outs and/or overstocks. High vaccine wastage inflates vaccine demand and unnecessarily increases vaccine procurement and supply chain costs. In the context of India, any reduction of vaccine wastage will have a positive impact on the ongoing efforts towards vaccine security.

The field assessment was carried out in December 2009 in four national stores and five selected states based on geographical and coverage levels. Six month retrospective data was collected from each of the different sites ranging from outreach session site to primary health centre, district and state stores. Interviews with key personnel were also done. The report is expected to be available in February 2010.

HSS= Health Systems Strengthening; **IST** = Inter Country Support Team; **ISS** = Immunization Services Support; **INS** = Injection Safety Support; **NVS** = New Vaccine Support; **DQA** = Data Quality Audit; **DQS** = Data Quality Self Assessment; **RED** = Reach Every District; **cMYP** = Fully costed multi-year plan; **NITAG** = National Immunization Technical Advisory Group; **NRA** = National Regulatory Authority

Regional Meetings & Key Events Related to Immunization

Title of Meeting	Start	Finish	Location	Region
2010 Meetings				
5th Global Immunization Meeting	01-Feb	03-Feb	Geneva, Switzerland	Global
Revising New Vaccine Surveillance Variables and Developing a Guide for Surveillance Data Analysis	08-Feb	12-Feb	PAHO Headquarters Washington, D.C., USA	PAHO
Central African EPI Managers Meeting	10-Feb	12-Feb	TBC	AFRO
Meeting of Experts: Second Phase of the Rotavirus Vaccine Efficacy Study	12-Feb	12-Feb	Nicaragua	PAHO
SEARO Regional Working Group Meeting	16-Feb	17-Feb	Kathmandu, Nepal	SEARO
Workshop on assessment of clinical data for regulatory registration of influenza vaccines (human, live attenuated) for intranasal administration	16-Feb	17-Feb	Geneva, Switzerland	Global
The 6th Meeting on Evaluation of Pandemic Influenza Vaccines in Clinical Trials	18-Feb	19-Feb	Geneva, Switzerland	Global
WHO Representatives Meeting EMRO	22-Feb	27-Feb	Cairo, Egypt	EMRO
WPRO Regional Lab training meeting	Feb	Feb	Manila, Philippines	WPRO
Study on the Impact of 7-valent Pneumococcal Vaccine	March	March	Uruguay	PAHO
Workshop on the Surveillance of Events Supposedly Attributable to Vaccination or Immunization (ESAVis) Following H1N1 Vaccination and Crisis Prevention	01-Mar	05-Mar	Guyana (English-speaking Countries)	PAHO
AFRO E&S Regional Working Group Meeting	02-Mar	03-Mar	Windhoek, Namibia	AFRO
American Regional Commission for Certification of Poliovirus Laboratory Containment and Verification of Poliofree Status	04-Mar	05-Mar	Montevideo, Uruguay	PAHO
AFRO E&S EPI Managers' Meeting	10-Mar	12-Mar	TBC	AFRO
West African EPI Managers Meeting	15-Mar	17-Mar	Ouagadougou, Burkina Faso	AFRO
The 2010 WHO HPV LabNet Training Workshop on HPV Genotyping and HPV Serology Laboratory Performance	15-Mar	18-Mar	Lausanne, Switzerland	Global
HVI Vaccine Advisory Committee meeting 2010	17-Mar	19-Mar	TBC	Global
Effective Vaccine Management (EVM) Global Training Course	04-Apr	11-Apr	TBC	Global
Rubella Consultation	11-Apr	13-Apr	Cairo, Egypt	EMRO
Visit of the Ministry of Health of China to Share Experiences in Measles/Rubella Elimination	12-Apr	22-Apr	PAHO Headquarters Washington, D.C., USA	PAHO
Strategic Advisory Grop of Experts (SAGE) Meeting	13-Apr	15-Apr	Geneva, Switzerland	Global
Regional Consultation Committee EMRO	14-Apr	15-Apr	Cairo, Egypt	EMRO
Measles Laboratory training workshop on measles/rubella virus detection and se-	19-Apr	23-Apr	Tunis, Tunisia	EMRO
First Annual Immunization Week in the Eastern Mediterranean Region	24-Apr	29-Apr	Regional	EMRO
Annual Immunization Week in the Americas	24-Apr	01-May	120	PAHO
Annual Immunization Week in Europe	24-Apr	01-May	Regional	EURO
Consultant Briefing on surveillance, Monitoring & Evaluation	25-Apr	29-Apr	Alexandria, Egypt	EMRO
Human Papillomavirus Vaccine Advisory Committee	27-Apr	29-Apr	TBC	Global
Pooled Vaccine Procurement Meeting (PVP)	04-May	06-May	Cairo, Egypt	EMRO
3rd Meeting with International Partners on Prospects for Influenza Vaccine Technology Transfer to DCVMN	05-May	06-May	Nha Trang, Vietnam	Global
Efficacy Study of the 10-valent Pneumococcal Vaccine	TBC	TBC	Brazil	PAHO
IVR Vaccine Advisory Committee meeting 2010	11-May	12-May	Geneva, Switzerland	Global
EMRO EPI Managers Meeting & NTAG/RTAG	07-Jun	12-Jun	Hamamat, Tunisia	EMRO
Global Advisory Committee on Vaccine Safety (GACVS)	16-Jun	17-Jun	Geneva, Switzerland	Global
Global Meeting on Implementing New and Under-utilized Vaccines	23-Jun	25-Jun	Montreux, Switzerland	Global
SEARO Regional Consultation on Immunization	19-Jul	23-Jul	TBC	SEARO
Global Consultation Meeting on Feasibility of measles eradication	06-Sep	09-Sep	TBC	Global
Global Measles/Rubella LabNet Meeting	20-Sep	23-Sep	Geneva, Switzerland	Global
Regional workshop on Surveillance, Monitoring & Evaluation (8 Countries)	27-Sep	30-Sep	Damascus, Syria	EMRO
Regional Committee EMRO	03-Oct	06-Oct	Cairo, Egypt	EMRO
QUIVER Meeting	12-Oct	14-Oct	Geneva, Switzerland	Global
Global Alliance for Vaccine & Immunization (GAVI) / Regional Working Group (RWG)	18-Oct	20-Oct	Sanaa, Yemen	EMRO
New vaccines and surveillance meeting	TBC	TBC	TBC	WPRO
Optimize Project Advisory Group (PAG) Meeting	20-Oct	21-Oct	Geneva, Switzerland	Global
Strategic Advisory Grop of Experts (SAGE) Meeting	09-Nov	11-Nov	Geneva, Switzerland	Global
Malaria Vaccine Advisory Committee meeting 2010	22-Nov	24-Nov	TBC	Global
Measles, Rubella Meeting - Laboratory Meeting - Regional Technical Advisory Group	28-Nov	02-Dec	Amman, Jordan	EMRO
Global Advisory Committee on Vaccine Safety (GACVS)	08-Dec	09-Dec	Geneva, Switzerland	Global

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](#)

[Tchnet](#)

[EPIVAC Network website](#)

Regional Websites

[New Vaccines in AFRO](#)

[PAHO's website for Immunization](#)

[Vaccine Preventable Diseases in EURO](#)

[New Vaccines in SEARO](#)

Newsletters

[PAHO/Comprehensive Family Immunization Program-FCH: *Immunization Newsletter*](#)

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

