In this issue

You can click on the article you are interested in and access it directly!

News

- Nigeria Launches the use of PCV in its Routine Immunization Programme
- PCV introduction into the routine immunization schedule in Cambodia
- Union of the Comoros introduces IPV
- Progress on Objective 2 of the Polio Eradication and Endgame Strategic Plan
- Germany adopts innovative approach to help eliminate measles and rubella
- Strengthening Gavi’s Grant Management Processes
- Updated SMART Vaccines Software Helps Prioritize New Vaccine R&D

Upcoming meeting

Consultant/Staff positions

Meetings/workshops

- National training on AEFI monitoring and conduct Causality Assessment in Malawi
- Benin LOGIVAC Centre Trains 23 Logisticians and Technicians in Solar Cold Chain
- National workshop on vaccine-preventable diseases
- Joint National and International EPI/VPD Surveillance Review: Thailand
- Building Vaccinology Expertise in South-East Asia
- Meeting of the Regional Polio Laboratory Network
- Western Pacific Region Hepatitis B Expert Resource Panel Meeting

Resources

Calendar

Links

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News

Tajikistan introduces rotavirus vaccine to protect children from diarrhoeal disease

Takhmina Alimamedova and Catharina de Kat-Reynen, WHO EURO

With an official launch ceremony on 8 January 2015, Tajikistan became the fourteenth country in the WHO European Region to introduce rotavirus vaccination into its national immunization schedule, and the fourth to do so through the generous support of Gavi, the Vaccine Alliance.

In Tajikistan, severe diarrhoea leads to hundreds of preventable child deaths per year, and surveillance data indicate that rotavirus causes almost 40% of hospitalizations due to severe diarrhoea. Vaccination is the most effective way to protect children from rotavirus infections, and giving the vaccine to every child at two and four months of age will therefore lead to a significant decrease in child morbidity and mortality in Tajikistan.

Preparing vaccinators and building national support

As part of countrywide preparations for introduction, WHO/Europe supported the Ministry of Health and Social Protection to form a cadre of health workers who could conduct cascade training in all regions of Tajikistan. The training focused on evidence for the introduction of rotavirus vaccine, rotavirus epidemiology, the benefits of vaccination for young infants, vaccine administration, contraindications, precautions and potential adverse reactions.

To raise awareness and ensure broad support, WHO and the Ministry’s Republican Centre for Immunoprophylaxis held a national conference on rotavirus vaccine introduction on 30 October 2014. In addition, UNICEF is supporting the development of a communication strategy and training for paediatricians and family doctors implementing the immunization programme in the country.

Gavi and its partners plan to support the introduction of rotavirus vaccines in eligible countries. In the European Region, such support has been provided to Armenia, Georgia and the Republic of Moldova.
Nigeria Launches the use of Pneumococcal Conjugate Vaccine (PCV) in its Routine Immunization Programme

Bassey Bassey Okposen, NPHCDA; Gloria Nwulu, UNICEF; Seruyange Rachel, WHO Nigeria and Abiola Ojumu, CHAI

The official launch of PCV10 in Nigeria was held on 22 December 2014, in the Kogi State capital of Lokoja. The country will use a phased approach to introduce PCV10 into routine immunization in the 37 states, with almost seven million children targeted annually once all states have introduced. Ten states will introduce in 2014, 11 in 2015 and 16 in 2017. Although Nigeria’s application for the introduction of PCV10 vaccines was approved by Gavi in 2012 for a 2013 introduction, the limited supply of PCV10 at the time delayed introduction until 2014. The vaccine availability has also influenced the phased approach used by the country, with the selection of states to introduce first, based on the burden of disease in line with the principles of equity in immunization. Preparations included sensitization of key stakeholders including health personnel, communities, and traditional and religious leaders. In line with the guidelines for introduction of PCV10, the readiness assessment was conducted and approved in December 2014.

Nigeria’s infant and under five mortality rates stand respectively at 69 and 128 per 1,000 live births. With the PCV10 introduction, 163,716 child deaths could be averted over the next three years in Nigeria. Great strides have been made over the last two years to improve Nigeria’s immunization systems resulting in a marked improvement of immunization coverage rates. The DTP3 coverage has increased from 26% to 58% between 2012 and 2013 (WUENIC 2014).

Pneumococcal conjugate vaccine introduction into the routine immunization schedule in Cambodia

Professor Sann Chan Soeung, Ministry of Health, Cambodia, Samnang Chham and Md. Shafiqul Hossain, WHO WPRO, Aun Chum and Etienne Poirot, UNICEF

Pneumococcal conjugate vaccine (PCV) was introduced in the National Immunization Programme in Cambodia on 14 January 2015. The National Immunization Programme organized a launching ceremony in the National Paediatric Hospital, Phnom Penh. His Excellency Dr Mam Bunheng, Minister of Health was present at the occasion as the guest of honor along with the other dignitaries. Dr Dongil Ahn, World Health Organization (WHO) Representative in Cambodia, was present at the launching ceremony and gave a speech on behalf of WHO and health partners.

The introduction of this vaccine represents a major milestone of the National Immunization Programme of the Ministry of Health and will accelerate the reduction of preventable child deaths, one of the Millennium Development Goal targets set to be achieved by 2015.

The vaccine was made available through funding by Gavi, the Vaccine Alliance, a global health partner. Technical support was provided by WHO and UNICEF for the introduction of this vaccine.

“The Ministry of Health, with the strong support from HE Samdech Aka Moha Seda Padi Techo Hun Sen, Prime Minister of the Kingdom of Cambodia, has increased the budget for procuring the vaccines for the National Immunization Programme and is proud to co-finance PCV with Gavi”, said HE Dr Mam Bunheng, during the launch ceremony.
Union of the Comoros introduces the Inactivated Polio Vaccine
Samira A.M. Djalim, UNICEF

The Union of the Comoros kicked off the launch of Inactivated Polio Vaccine (IPV) on 12 January 2015 with a ceremony in the region of Kwambani Washili. The event was attended by authorities including the Vice President in charge of Health, the Governor of the Autonomous Island of Ngazidja, and delegates from UNICEF, WHO and UNFPA. The Comoros is the second country worldwide to introduce IPV with support from Gavi, the Vaccine Alliance.

The IPV introduction will allow Comoros to protect its most vulnerable children from the debilitating, incurable, and sometimes fatal disease which can lead to permanent paralysis.

The introduction of IPV reflects progress in the Comoros’ fight against polio, in a shift to focusing on long-term disease prevention. Comoros has instituted policies at a national and sub-national level, including training health workers and social mobilizers, to prepare their health systems and people for this introduction.

To maintain progress towards global eradication, it is essential that parents remain educated and informed about Polio and the importance of vaccination - the only available protection against this disease. Information is being disseminated through radio and TV public service announcements, community mobilization and influential figures, to ensure that parents take this opportunity to fully vaccinate their children.

Comoros’ success in the effort to eliminate Polio has shown the world that global eradication is possible as we progress towards ensuring that every child can live a healthy, safe, and fulfilled life.

Progress on Objective 2 of the Polio Eradication and Endgame Strategic Plan
Margaret Farrell, UNICEF

In 2014, progress towards introducing the inactivated polio vaccine (IPV) into routine programmes worldwide was remarkable. From January 2013 to December 2014:

- Nine out of 126 countries (7%) planning to introduce IPV had done so;
- 116 (92%) had formally committed to introduction,
- 99 (79%) had developed introduction plans
- 66 of 72 Gavi-eligible countries (92%) had submitted applications for IPV support (the remainder submitted in January 2015).

In addition, all ten of the routine immunization (RI) focus countries had worked on annual EPI plans to leverage polio assets for improving RI. In preparation for the first phase of the switch from trivalent to bivalent oral polio vaccine (tOPV to bOPV), the Immunization Systems Management Group (IMG) established a Switch Working Group.

Under the coordination of the IMG, partners and governments worked together on a range of activities in support of Objective two of the Polio Eradication and Endgame Strategic Plan 2013-2018. The objective calls for the introduction of at least one dose of IPV into the RI systems of all countries, the phased withdrawal of OPV, and RI strengthening.

In 2015, the IMG’s focus will shift from planning to implementation. There have already been two new IPV introductions (Comoros and Serbia). The remaining countries are expected to introduce the new vaccine by year end.

The IMG will continue to engage RI focus countries as they update their annual plans, and a survey is underway to assess the contribution of Polio assets to the IPV introduction effort. The Switch Working Group will support countries with the planning process for the switch from tOPV to bOPV (currently planned for April 2016).

While a vast and challenging undertaking, 2014 progress shows that the timely completion of Objective two goals is within reach.

For additional resources, please click here.
Germany adopts innovative approach to help eliminate measles and rubella

Catharina de Kat-Reynen, WHO EURO

The persistence of measles outbreaks in Germany and unexplained immunization gaps in some districts of the federal state of Baden-Württemberg have caused ongoing concern among local public health authorities. To close these gaps, prevent future outbreaks and contribute to the elimination of measles and rubella in the WHO European Region, the public health authority of Baden-Württemberg has initiated a Tailoring Immunization Programmes (TIP) project.

TIP approach

WHO/Europe developed the TIP approach to identify and address pockets of susceptibility to vaccine-preventable diseases. The TIP guide helps countries tailor their immunization programmes to meet the needs of the identified groups or remove barriers that prevent them from being fully immunized. The approach has been implemented with success in several Member States since its introduction in 2012.

Project preparation

An orientation meeting was held in Stuttgart in December 2014 to prepare the TIP project in Baden-Württemberg. Several representatives of the Baden-Württemberg public health authority, the Robert Koch-Institute, the University of Erfurt and WHO/Europe met for an overview of the current situation regarding routine immunization in the Region and to discuss various approaches to conduct a TIP project. The meeting was also attended by a representative of the federal state Ministry of Social Affairs and the president of the physicians’ association of Baden-Württemberg, who both signaled strong interest in the project.

The orientation meeting looked at vaccination coverage, outbreaks, regional specificities in Baden-Württemberg, susceptible sub-populations, and potential supply- and demand-side barriers and motivators to vaccination. Based on available epidemiological data the group agreed to focus on measles/mumps/rubella (MMR) vaccination in three districts of Baden-Württemberg. The next step is to develop a detailed project plan and pre-TIP rapid assessments to collect further baseline data. The project is expected to be launched in early 2015.

For more information on the approach: TIP Guide and related publications


Anna Rapp, Bill & Melinda Gates Foundation

The Bill and Melinda Gates Foundation seeks to fund operations research on improving paper-based data systems for child health. One applicant will be selected to conduct an experimental or quasi-experimental study of interventions to paper-based data tools in at least three countries.

One of the core components of a high-functioning health system is its information system. In seeking to improve the quality, availability, and use of health information, the Gates Foundation invests in initiatives to improve the collection and analysis of health-related data and to measure the progress of these initiatives. Our current vision is to enable stakeholders at all levels of the health system to have the data they need – and the ability to analyze, interpret and use that data – to make evidence-based decisions. In doing so, we ensure that health sector resources are allocated and managed to improve health outcomes more efficiently and effectively through stronger institutions and enhanced local capacity.

With this proposed funding, we seek to better understand one important and often overlooked component of in-country health information systems: the paper systems used to capture and report health data. Paper systems are crucial for data collection and use in low-infrastructure settings and in health facilities within better-resourced health systems where paper is still the most cost-efficient solution (e.g., rural, low-volume health facilities).

The impact of paper data tools upon program effectiveness and efficiency is largely unknown. Through this RFP we intend to fund operations research to better understand the impact of improvements to paper data systems to intermediate measures like data accuracy and use, and ultimately, to outcomes related to child health: coverage of health interventions and drop-out rate.

Concept Notes will be accepted until 9 March 2015.
Strengthening Gavi’s Grant Management Processes
Sarah Churchill & Anna Standertskjold, Gavi Secretariat

In 2014 the Gavi Alliance launched the first phase of changes to make Gavi’s grant management processes more efficient, user-friendly and robust. Of particular note:

<table>
<thead>
<tr>
<th>2015</th>
<th>APR submission</th>
<th>Joint appraisal submission</th>
<th>HLRP Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>May HLRP</td>
<td>15 May*</td>
<td>Mid-April (TBC)</td>
<td>11-13 May</td>
</tr>
<tr>
<td>July HLRP</td>
<td></td>
<td>Mid-June (TBC)</td>
<td>22-24 July</td>
</tr>
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<td>October HLRP</td>
<td></td>
<td>Mid-September (TBC)</td>
<td>14-16 October</td>
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* With the exception of the countries coming to the May HLRP, in which case further discussion between the Gavi Senior Country Manager and the country should take place.

A joint appraisal process was introduced to ensure countries are effectively engaged in grant renewal decisions. By engaging in-country partners and drawing on existing information, the joint appraisal is able to assess more effectively the progress and performance of Gavi supported programmes. New guidance to assist with planning this process in 2015 will be available soon.

For the first time in 2014, to better coordinate Alliance support to countries, we asked countries to provide an Expression of Interest (EOI) about future grant and vaccine applications, and to identify technical assistance needs well in advance of proposals.

Shared experiences with these new processes have provided valuable lessons for further enhancements planned in the year ahead. These include a continued focus on how the Gavi Alliance engages most effectively with countries, undertakes joint resource planning, monitors performance, and records results. While better tools for routine grant management and monitoring are under development, countries will be requested to submit the Annual Progress Report (APR) by 15 May as in previous years.[1]

For questions or comments, please contact Gavi.

Updated SMART Vaccines Software Helps Prioritize New Vaccine R&D
Guruprasad Madhavan, The National Academies, USA

The Institute of Medicine (IOM) initiated a sequence of projects in early 2011 to help provide guidance in prioritizing new vaccines for development. This effort has proceeded in three phases, each building upon the key objective of the U.S. National Vaccine Plan: “Develop a catalogue of priority vaccine targets of domestic and global health importance.”

The result of this unique effort is the Strategic Multi-Attribute Ranking Tool for Vaccines—or SMART Vaccines—a novel software tool to facilitate stakeholder discussions and decisions on vaccine research and development priorities.

In an IOM partnership with the National Academy of Engineering, a supporting report, Ranking Vaccines: Applications of a Prioritization Software Tool, describes: (1) the evaluation of the software in international user-based applications, (2) a general data framework for the software, and (3) the next steps that would increase the use and value of SMART Vaccines.

Version 1.1 of the software can be downloaded for free from this link.
Upcoming meeting
Patrick Lydon, WHO Headquarters

The TechNet is a global technical network of professionals and practitioners committed to strengthening immunization services in developing countries – a network established since 1990 with WHO as its Secretariat. Since its creation, members of the network meet face-to-face every two years in order to discuss key immunization implementation challenges. Since 2001, the TechNet consultation has rotated the venue across the six WHO regions. The South-East Asia region (SEAR) previously hosted the eighth TechNet Consultation in New Delhi, India in 2001. Next year the TechNet Consultation returns to SEAR and will be organized in Thailand between 12-14 May 2015.

The theme of the 14th TechNet Consultation will be: Immunization Supply Chain and Logistics: Current Challenges, Innovations and Future Prospects and will be co-organized by WHO and UNICEF as part of the immunization supply chain and logistics Hub. The consultation is expected to cover topics such as vaccine and cold chain innovations; promising approaches for improved vaccine distribution; temperature monitoring technologies and practices; innovative last-mile transportation systems; human resources for logistics challenges; advances in data systems for vaccine stock control; new policies/guidance and tools for effective vaccine management; and immunization supply chain improvement planning.

In addition, the consultation will host a Manufacturers Marketplace where new cold chain equipment and technologies can be demonstrated and presented to participants.

The expected outcomes of the consultation are to: Provide evidence and information on the current challenges and innovative strategies or practices that can positively impact vaccine supply chain logistic systems in national immunization programmes; Share experiences from the field relating to immunization supply chain and logistics within the context of new vaccine introductions; and Stimulate dialogue and debate on the development and implementation of best practices in vaccine management.

Please keep an eye out for updates on the 14th Consultation through the TechNet website.

Consultant - Staff Positions Available

IPAC Call for Nominations

The Secretariat for the Immunization Practices Advisory Committee (IPAC) is seeking applications to fill several spaces on the Committee. Please find here a link for the IPAC Call for Nominations.

We would be grateful if you would kindly circulate this document among your professional networks and encourage any suitable candidates to apply, taking note of the 2 February 2015 deadline for applications.

Technical Officer, Integration

For more information, click on this direct link to the vacancy notice. The deadline for application is 09 February 2015.

All vacancies are available at this link.
Meetings/Workshops

National training on Adverse Events Following Immunization (AEFI) monitoring and conduct Causality Assessment in Malawi

Kwame Chiwaya, WHO Malawi Office

Location: Salima, Malawi
Date: 15-19 December 2014
Participants: Twenty one (21) national level technical officers from the Ministry of health in Malawi, Malawi College of Health Sciences, Pharmacy Medicine and Poison Board (PMPB) the national regulatory body, the World Health Organization, UNICEF and JSI /MCHP

Purpose: To impart knowledge and skills to participants on how to monitor AEFI and conduct a causality assessment. The specific objectives were:
• To equip participants with skills on how to carry out consistent case investigation and causality assessment applying the revised WHO causality assessment methodology;
• To analyze AEFI data and report on the results;
• To use the data for improving vaccine safety; to communicate effectively about vaccine safety; and to develop national capacity for AEFI training;
• To strengthen AEFI monitoring in Malawi through the establishment of a functional National AEFI expert committee that will serve as a national advisory bodies on immunization.

Details: The Ministry of Health National EPI programme, in collaboration with The Malawi Pharmacy Medicines and Poisons Board (PMPB) and the World Health Organization (WHO) conducted a national training workshop for technical officers on Adverse Events Following Immunization (AEFI) monitoring and Causality Assessment. The facilitators were from the WHO Collaborating Centre for Advocacy and Training in Pharmacovigilance, University of Ghana Medical School.

The workshop was officially opened by the CEO and Registrar of PMPB, which is the National Regulatory Authority (NRA) for pharmaceuticals in Malawi. It is the first time that such a training workshop has taken place in Malawi. It comes at an opportune time, around the introduction of several new and underutilized vaccines in the immunization schedule in Malawi.

The training was based on advanced modules of the Strengthening AEFI monitoring and causality assessment training, developed by WHO Headquarters.

It is expected that following this national training workshop, the capacity in Malawi to monitor, report, investigate and conduct Causality Assessments of AEFI will be strengthened, specifically through the establishment of a national AEFI expert committee, and finalization of the draft AEFI national guidelines and the national AEFI plan of action. It is expected that WHO will provide technical and financial assistance for Malawi to join the WHO Programme for International Drug Monitoring.

For more information, click on this link.
Benin LOGIVAC Centre Trains 23 Logisticians and Technicians in Solar Cold Chain

Vitalien Adoukonou, Alice Henry-Tessier and Philippe Jaillard, Agence de Médecine Préventive (AMP)

Location: Quidah, Benin
Date: 5-12 January 2015

Purpose: To strengthen the capacity of health technicians and logisticians for preparing, installing and maintaining solar-powered cold chain equipment.

Details: Led by experts from AMP and the Benin Ministry of Health, the training, which was delivered entirely face-to-face, combines participatory methods and practical work to meet the specific challenges of the immunization programmes in the Region’s countries.

Participants expressed satisfaction with the content of the course. Khadidiatou Gomis, a national logistician at the Expanded Programme on Immunization (EPI) in Senegal, said that the training came at the right moment for her country, which made its first order of solar cold chain equipment. Khadidiatou will be able to help install and maintain the equipment to ensure it is used efficiently.

Prosper Dzinga, an EPI logistician in Congo-Brazzaville, praised the suitability of the learning modules, which have helped him to identify the reasons behind a malfunctioning solar refrigerator in a health centre that has never worked. Prosper pledged to address the issue when he returns.

Participants will be responsible for bringing their new expertise to bear in their respective countries, and for deploying solar cold chain equipment to ensure its longevity and capacity to store vaccines in optimal conditions.

The next edition of the solar cold chain course will take place from 4-11 March 2015 in Ouidah, Benin.
National workshop on vaccine-preventable diseases

Selloane Maepe, WHO AFRO

Location: Maseru, Lesotho

Date: 24-26 December 2014

Participants: MoH Lesotho invited 62 participants to the training including facilitators from central level, UNICEF and WHO. These participants were mainly drawn from district health management teams (DHMTs) and CHAL institutions. The staff invited hold positions of Public Health Nurses from districts, PHC Coordinators from CHAL as well as Health Promotion Officers from the districts.

Purpose: The overall objectives of the training was to build a National team of Health personnel at the levels with skills to conduct training of district health workers on the new vaccine PCV due to be introduced the country.

Details: Lesotho is among the countries that are eligible for GAVI support especially in the area of new vaccine introduction. So far the country has introduced two vaccines with the support from GAVI, namely: hepatitis b and Haemophylus influenza type b administered in a combined form abbreviated as DTP-Hepb-hib. The third vaccine to be introduced in the country is Pneumococcal Conjugate Vaccine (PCV13). Following submission of a country proposal to GAVI for support, approval was granted and the country embarked on the implementation of pre-introduction activities. The training of trainers (ToT) workshop organized by the Ministry of health Lesotho was conducted from 24-26 November 2014.

Teaching methods used included Powerpoint presentations by facilitators followed by discussions, practical/role plays and development of training plans by each district team.

Topics covered included: Overview of EPI performance in Lesotho, current of status of PBM and rota sentinel surveillance, vaccine monitoring (usage and wastage), key facts about pneumococcal disease, key facts about pneumococcal vaccine, recording and reporting, data management, communication with care takers, lessons learned in pneumo and rota introduction. At the end of the training participants presented their district plans.

The workshop was officially closed by the Ministry of Health with the expectation that all cascade trainings should be conducted two weeks prior to an official launch, including the sensitization of community structures.
Joint National and International EPI/VPD Surveillance Review: Thailand

Virginia Swezy, WHO South-East Asia Regional Office

Location: Thailand (13 locations)

Date: 6 – 17 November 2014

Participants: Ministry of Health/Thailand and other Thai Experts, WHO Thailand. International experts from: WHO South-East Asia Regional Office, WHO Country offices of Bangladesh, India, and Nepal; WHO HQ; UNICEF ROSA; The US Centers for Disease Control and Prevention; Ministries of Health from Bangladesh, Indonesia, Myanmar and Sri Lanka

Purpose: As part of efforts by the WHO SEA Regional Office to support national EPI programmes, and in line with the recommendations of the South-East Asia Regional Technical Advisory Group on Immunization (SEAR-ITAG), an EPI/VPD Joint Review was conducted in Thailand in November 2014.

The joint review conducted by the Ministry of Public Health in Thailand (MoPH), in partnership with WHO Thailand and WHO-SEAR undertook to focus on the overall capacity of protecting Thai citizens from Vaccine Preventable Diseases (VPDs) and meeting the national targets identified in the cMYP. While the lack of major outbreaks of VPDs reflect the relative strength of the EPI programme, the periodic outbreaks indicate that some portions of the population remain vulnerable and could thus impact the overall health security of the country.

The November 2014 mission also provided an opportunity to monitor the contribution that Thailand is making towards wider global and regional immunization targets.

Details: The review team concluded that Thailand has a comprehensive health care system with capable governance and a senior administration which recognizes EPI as a priority programme within the MoPH. The EPI programme provides extremely efficient service delivery through a highly motivated and dedicated staff. Most importantly, the programme has been able to sustain prevention and control of VPDs. The surveillance system has a proven capacity to detect and respond effectively to VPD outbreaks.
Building Vaccinology Expertise in South-East Asia

Carine Dochez, University of Antwerp, Belgium and Cissy Kartasasmita, University of Padjadjaran, Indonesia

Location: Bandung, West Java, Indonesia

Date: 29-30 November 2014

Participants: More than 200 participants from ten countries attended the Symposium: Bangladesh, Cambodia, China, India, Indonesia, Malaysia, Pakistan, Sri Lanka, Thailand and Vietnam.

Profile of participants: academia, NITAG members, EPI managers and other MoH staff, members of Paediatric, Obstetrics/Gynaecology and Community Health Associations, medical students.

Purpose:
(a) Update participants on the Decade of Vaccines (DoV) and its related Global Vaccine Action Plan (GVAP);
(b) Discuss recent advances in new vaccines and their use;
(c) Exchange lessons learned and best practices regarding new vaccines introduction among participating countries;
(d) Discuss cold chain and logistics for preparation of new vaccines introduction;
(e) Discuss integrated management of immunisation;
(f) Discuss training in immunisation at medical and nursing schools;
(g) Strengthen immunisation programmes through partnerships between various stakeholders.

Details:
The Symposium was organized by the Network for Education and Support in Immunization (NESI)/University of Antwerp, Belgium, and the University of Padjadjaran, Indonesia, in collaboration with the Indonesian Paediatric Society. Financial support was received from the Flemish Inter-University Council, Belgium.

The first day of the Symposium focused on new policies and issues related to new vaccine introduction. The Indonesian Ministry of Health shared their lessons learned and best practices regarding new vaccine introduction in the country. The rationale and current vaccination schedules were discussed, as well as specific vaccines including pneumococcal, rotavirus, HPV, influenza and dengue vaccines.

The second day was organized in parallel sessions, whereby the first session focused on scientific aspects of vaccinology and the status of immunization training in health training institutions; while session two addressed the programmatic issues of national immunization programmes, including surveillance, immunization safety, cold chain management, and communication.

Speakers included national and international vaccinology experts from universities, Ministries of Health, Paediatric Societies, WHO, UNICEF, IVI, industry, and NESI.

The Symposium was well appreciated by the participants and created lively discussions among experts of the different countries present. A request was made to organize an annual symposium, alternating in one of the participating countries.
Meeting of the Regional Polio Laboratory Network

Gloria Rey-Benito, PAHO-WDC

Location: Cancun, Mexico
Date: 10-11 November 2014
Participants: Participants from seven countries in the Region attended the Regional Polio Laboratory Network meeting, representing the World Health Organization (WHO), the Pan American Health Organization (PAHO), the U.S. Centers for Disease Control and Prevention (CDC), the Malbran Institute (Argentina), Fiocruz (Brazil), Evandro Chagas Institute (Brazil), the National Health Institute (Colombia), the Public Health Institute (Chile), the Institute for Epidemiologic Diagnosis and Reference (Mexico) and the Caribbean Public Health Agency (TRT).

Purpose: To provide updates on the status of the WHO Polio Lab Manual (PLM) revision; present on the performance of PAHO’s polio labs on the proficiency tests for virus isolation, intratypic differentiation and sequencing; present a new Environmental Surveillance algorithm adopted by the Global Polio Laboratory Network (GPLN) in June 2014; as well as present the ITD 4.0 algorithm that was adopted by the GPLN, among others.

Details: The WHO Representative presented an update on the global status of wild poliovirus (WPV) and vaccine-derived poliovirus (VDPV) transmission, as well as the status of the GPLN. PAHO representative presented a regional update on the Regional Polio Laboratory Network, including performance indicators and workload. Areas for improvement were identified and shared.

Summaries of the performance of PAHO polio labs on the proficiency tests of virus isolation, intratypic differentiation and sequencing were presented. WHO shared the feedback received after pilot testing of the new accreditation checklists for virus Isolation, intratypic differentiation and sequencing, which were implemented in August 2014. The accreditation approach based on the type of test performed in each lab will facilitate the review and accreditation of polio labs.

The representatives of each one of the laboratories presented an update on participation on studies of polioviruses, including VDPV.

Finally, a brainstorming session covered the topics of detection, characterization and molecular epidemiology of WPV, VDPV and Sabin-like polioviruses and environmental poliovirus surveillance.

Additionally, recommendations on routine workload, cell lines, VDPV, proficiency testing, environmental surveillance, information systems, and future trainings/meetings were shared.
Western Pacific Region Hepatitis B Expert Resource Panel Meeting

Eric Wiesen, WHO WPRO

Location: Seoul, Republic of Korea
Date: 12-13 January 2015
Participants: Expert Resource Panel members from Australia, Japan, Republic of Korea, and the United States

Purpose: The Hepatitis B Expert Resource Panel reviewed data and deliberated for two days on how to achieve the Region's hepatitis B prevention goal and how to coordinate vaccination efforts with other viral hepatitis control efforts.

Details: The Western Pacific Region Hepatitis B Expert Resource Panel (ERP) was established in 2007 to provide guidance on hepatitis B control in the Region and independently verify country achievements. The Western Pacific Region is the first region to establish a goal for hepatitis B prevention through vaccination. The goal, to reduce hepatitis B prevalence among children to less than 1% by 2017 is quite ambitious and while great achievements have been made in preventing hepatitis B in the Region, much work remains. The third ERP meeting was held from 12-13 January 2015 in Seoul, Republic of Korea. ERP members from Australia, Republic of Korea, Japan, and the United States reviewed data and deliberated for two days on how to achieve the Region's hepatitis B prevention goal and how to coordinate vaccination efforts with other viral hepatitis control efforts. The ERP members proposed recommendations including hepatitis B vaccination for health workers, assessment of hepatitis B rapid tests used in the Region, establishing a mechanism to ensure coordination between the regional viral hepatitis Strategic Advisory Committee and the ERP, and exploring lessons learned from other countries in using the hepatitis B vaccine in the controlled temperature chain.

Resources

Report on the Immunization and Vaccines Related Implementation Research (IVIR) advisory committee meeting, 2014 (WHO/IVB/15.01)

The document contains the full meeting report of the IVIR-AC meeting organized 17-19 September 2014 around three themes:
1. Research to conduct impact evaluation of vaccines in use
2. Research to minimize barriers and improve coverage of vaccines currently in use
3. Research to improve methods for monitoring of immunization programmes

WHO Preferred Product Characteristics for Malaria Vaccines (WHO/IVB/14.09)

The updated Malaria Vaccine Technology Roadmap outlines the two agreed priority unmet public health needs for malaria vaccine development (represented in the roadmap as two strategic goals). WHO has developed a document entitled Preferred Product Characteristics for Malaria Vaccines. The document provides guidance which vaccine manufacturers and funding agencies can take into account when refining product development plans for their malaria vaccine activities. The document clarifies WHO’s preferences with regard to many criteria that form part of Target Product Profiles, particularly indication, target populations and safety and efficacy data to be generated in clinical trials.
Assessing the Programmatic Suitability of Vaccine Candidates for WHO Prequalification - Revision 2014. (WHO/IVB/14.10)

As part of the WHO vaccine pre-qualification (PQ) process, product summary files (PSFs) are assessed by the WHO PQ Secretariat to determine the suitability of the vaccine for the immunization services where it is intended to be used (p.6, WHO/IVB/05.19). This document aims:

- To clearly describe the screening process and its set of rules by which all prospective vaccine prequalifications will be judged in terms of their programmatic suitability for developing country public sector immunization programmes. Also, it describes the consequences of not complying with these characteristics on the screening and PQ processes.
- To indicate very clear preferences for future vaccines that will result in greater compliance with developing country needs and that will facilitate universal immunization without requiring massive and unrealistic investment in additional cold chain capacity, human resources, waste disposal facilities, etc.

Immunization Summary application updated with the latest 2013 data (as of 1 December 2014)
EPI/SIG WHO

The Immunization Summary is an app for visualizing (tables, graphs, maps) data on policies, activities and impact of national immunization systems.

These data are reported by WHO & UNICEF member states annually for incidence, coverage and immunization indicators. The WHO UNICEF estimates of national immunization coverage constitute an independent technical assessment of coverage. The population data are provided by the United Nations’ “Population Division, The World Population Prospects - the 2012 revision, New York, 2013,” with the exception of the infant and child mortality figures which are provided by WHO’s “World Health Statistics 2013, data for 2012.”

The Gross National Income (GNI) & the Gross Domestic product (GDP) data are taken from "The 2013 World Bank Development Indicators Online".

Data are available from 1980 to 2013 (as of December 2014) for 195 countries or territories.

The app can be downloaded directly from iTunes app store by typing “immunization summary” in the search field, or by clicking the immunization logo from the right column of our pages: which will load your iTunes/Google play app store and allow you to download the app. (The app size is 61.5 MB.)

Global manual on surveillance of adverse events following immunization

The global manual on surveillance of adverse events following immunization (AEFI) has been developed by a team of global experts. The document provides guidance on improving the quality and efficiency of AEFI surveillance activities for managers of immunization programmes, staff of national regulatory authority (NRA) at national and subnational levels, immunization service providers, staff of pharmacovigilance centre and other stakeholders in immunization services.

The manual provides information on the basic principles of immunization and vaccines and provides a clear understanding on the newer concepts of AEFI, establishing AEFI surveillance systems including the methodologies and tools of reporting, investigating and performing causality assessment using the revised classification of cause-specific AEFI. For informed decision making, the manual outlines the process of making the best use of surveillance data and responding to crisis, including a communication strategy on immunization safety for the public and the media.
### Calendar

#### 2015

**February**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>26-3</td>
<td>Executive Board</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>16-20</td>
<td>cMYP Training Workshop</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>23-27</td>
<td>AFRO Central EPI Programme Managers’ Meeting</td>
<td>Douala, Cameroon</td>
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**March**

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>2-6</td>
<td>AFRO West EPI Programme Managers’ Meeting</td>
<td>Ouagadougou, Burkina Faso</td>
</tr>
<tr>
<td>3-4</td>
<td>Inaugural Conference of The International Association of Immunization Managers (IAIM)</td>
<td>Istanbul, Turkey</td>
</tr>
<tr>
<td>9-13</td>
<td>AFRO East and South EPI Programme Managers’ Meeting</td>
<td>Harare, Zimbabwe</td>
</tr>
<tr>
<td>16-20</td>
<td>5th Meeting on Vaccine-Preventable Diseases Laboratory Network in the Western Pacific Region</td>
<td>Nadi, Fiji</td>
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<tr>
<td>16-27</td>
<td>Gavi Independent Review Committee (IRC) for new proposals</td>
<td>Geneva, Switzerland</td>
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**April**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>14-16</td>
<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>27-29</td>
<td>21st EMR Regional Working Group on Gavi</td>
<td>Djibouti</td>
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**May**

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>4-5</td>
<td>Gavi Programme &amp; Policy Committee</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>11-13</td>
<td>Gavi High Level Review Panel (HLRP)</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>11-15</td>
<td>2015 Technet Consultation</td>
<td>TBD, Thailand</td>
</tr>
<tr>
<td>18-23</td>
<td>68th World Health Assembly</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>30-2May</td>
<td>9th International Conference on Typhoid and other invasive salmonellosis</td>
<td>Bali, Indonesia</td>
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**June**

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<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>8-12</td>
<td>WPRO Twenty-Fourth Meeting of the Technical Advisory Group on Immunization and Vaccine-Preventable Diseases (TAG)</td>
<td>Manila, Philippines</td>
</tr>
<tr>
<td>10-11</td>
<td>Gavi Alliance Board Meeting</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>15-19</td>
<td>SEARO Technical Advisory Group Meeting</td>
<td>New Delhi, India (?)</td>
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<tr>
<td>23-25</td>
<td>Protect-Innovate-Accelerate (PIA) Meeting</td>
<td>Sitges, Spain</td>
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<tr>
<td>29-2</td>
<td>Global Measles and Rubella Laboratory Network Meeting</td>
<td>Geneva, Switzerland</td>
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**July**

<table>
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<tbody>
<tr>
<td>20-24</td>
<td>Gavi High Level Review Panel (HLRP)</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>September</td>
<td>Date</td>
<td>Event</td>
</tr>
<tr>
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<tr>
<td></td>
<td>1-2</td>
<td>EURO VPI Programme Managers Meeting</td>
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<tr>
<td></td>
<td>3-4</td>
<td>EURO Polio EPI and Lab Managers’ Meeting</td>
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<tr>
<td></td>
<td>30-2</td>
<td>European Technical Advisory Group of Experts on Immunization (ETAGE)</td>
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<tr>
<td>October</td>
<td>7-8</td>
<td>Gavi Programme and Policy Committee</td>
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<tr>
<td></td>
<td>14-16</td>
<td>Gavi High Lever Review Panel (HLRP)</td>
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<tr>
<td></td>
<td>20-22</td>
<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
</tr>
<tr>
<td>November</td>
<td>6-20</td>
<td>Gavi Independent Review Committee (IRC) for new proposals</td>
</tr>
<tr>
<td>December</td>
<td>2-3</td>
<td>Gavi Board Meeting</td>
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## Links

### Organizations and Initiatives

<table>
<thead>
<tr>
<th>Organization / Initiative</th>
<th>URL</th>
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<tbody>
<tr>
<td>American Red Cross</td>
<td><a href="#">Child Survival</a></td>
</tr>
<tr>
<td>Agence de Médecine Préventive</td>
<td><a href="#">Africhol</a> <a href="#">EpiVacPlus</a> <a href="#">LOGIVAC Project</a> <a href="#">SIVAC</a></td>
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<tr>
<td>Centers for Disease Control and Prevention</td>
<td><a href="#">Polio</a> <a href="#">Global Vaccines and Immunization</a></td>
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<tr>
<td>Johns Hopkins</td>
<td><a href="#">International Vaccine Access Center</a> <a href="#">Vaccine Information Management System</a></td>
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<tr>
<td>JSI</td>
<td><a href="#">Africa Routine Immunization Systems Essentials Project</a> <a href="#">IMMUNIZATION basics</a> <a href="#">Maternal and Child Health Integrated Program (MCHIP)</a></td>
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<tr>
<td>PAHO</td>
<td><a href="#">ProVac Initiative</a></td>
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<tr>
<td>PATH</td>
<td><a href="#">Vaccine Resource Library</a> <a href="#">Rotavirus Vaccine Access and Delivery</a> <a href="#">Malaria Vaccine Initiative</a> <a href="#">Meningitis Vaccine Project</a> <a href="#">RHO Cervical Cancer</a></td>
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### WHO Regional Websites

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Routine Immunization and New Vaccines (AFRO)</td>
<td><a href="#">AFRO</a></td>
</tr>
<tr>
<td>Immunization (PAHO)</td>
<td><a href="#">PAHO</a></td>
</tr>
<tr>
<td>Vaccine-preventable diseases and immunization (EMRO)</td>
<td><a href="#">EMRO</a></td>
</tr>
<tr>
<td>Vaccines and immunization (EURO)</td>
<td><a href="#">EURO</a></td>
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<tr>
<td>Immunization (SEARO)</td>
<td><a href="#">SEARO</a></td>
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<tr>
<td>Immunization (WPRO)</td>
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### UNICEF Regional Websites

<table>
<thead>
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<tbody>
<tr>
<td>Immunization (Central and Eastern Europe)</td>
<td><a href="#">CEEA</a></td>
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<tr>
<td>Immunization (Eastern and Southern Africa)</td>
<td><a href="#">ESA</a></td>
</tr>
<tr>
<td>Immunization (South Asia)</td>
<td><a href="#">SA</a></td>
</tr>
<tr>
<td>Immunization (West and Central Africa)</td>
<td><a href="#">WCA</a></td>
</tr>
<tr>
<td>Child survival (Middle East and Northern Africa)</td>
<td><a href="#">MENA</a></td>
</tr>
<tr>
<td>Health and nutrition (East Asia and Pacific)</td>
<td><a href="#">Asia Pacific</a></td>
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<tr>
<td>Health and nutrition (Americas)</td>
<td><a href="#">Americas</a></td>
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### Newsletters

<table>
<thead>
<tr>
<th>Newsletter</th>
<th>URL</th>
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<tbody>
<tr>
<td>Immunization Monthly update in the African Region (AFRO)</td>
<td><a href="#">AFRO</a></td>
</tr>
<tr>
<td>Immunization Newsletter (PAHO)</td>
<td><a href="#">PAHO</a></td>
</tr>
<tr>
<td>The Civil Society Dose (GAVI CSO Constituency)</td>
<td><a href="#">GAVI</a></td>
</tr>
<tr>
<td>TechNet Digest</td>
<td><a href="#">PATH</a></td>
</tr>
<tr>
<td>RotaFlash (PATH)</td>
<td><a href="#">PATH</a></td>
</tr>
<tr>
<td>Gavi Programme Bulletin (Gavi)</td>
<td><a href="#">Gavi</a></td>
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