REVIVING ROUTINE IMMUNIZATION IN WEST AFRICA

31/07/2012 from Crepin Hilaire Dadjo, Femi Oyewole and Boubker Naouri, WHO/IST West Africa

Engaged in numerous Polio NIDs over the past years, most countries in West Africa have not paid enough attention to routine immunization as one of the major strategies to eradicate the poliomyelitis. This is being changed with the recent new orientation given by IST West Africa. Countries with a high risk of being re-infected with WPV including Cote d’Ivoire, Mali, Niger and Guinea have been requested to develop roadmaps with a view to revamping all components of routine vaccination for the rest of the year and beyond.

Plans proposed contain, among other things, drafting of an integrated communication plan for Routine immunization and disease Surveillance (in Guinea), holding of a convention on vaccination issues (in Niger) and supportive supervisions in selected districts by 12 trained staff in Mali.

Regarding this new focus on routine immunization, Cote d’Ivoire appears to be, by far, the most innovative in this matter. The Government has promised to award about 157 million USD to vaccinate 95% of the 767,927 non immunized children aged zero-11 months with the nine antigens included in the routine schedule, all children aged 12-24 months who were missed last year and at least 80% of all pregnant women.

The current routine immunization revamping plan covers from July to December 2012. Concrete actions with support from partners include the distribution of 188 motorbikes and six 4x4 vehicles to the lowest performing districts. Three successive monthly PIRIs (Periodic Intensification of Routine Immunization) are scheduled to take place, the first of which was set in motion on 20 July 2012 in Abidjan and chaired by the Minister of Health, Prof Therese N’Dri-Yoman. However one should note that Cote d’Ivoire’s ambition to improve its routine immunization coverage is to meet one of the key indicators for support from the Millennium Challenge Corporation (MCC), a US aid agency.
Global Immunization News

Technical Information

COUNTRY-SPECIFIC ESTIMATES OF IMMUNIZATION COVERAGE FOR 1980-2011
31/07/2012 from Marta Gacic-Dobo, WHO HQ

WHO and UNICEF have reviewed data available on national immunization coverage and produced country-specific estimates of immunization coverage for 1980-2011.

These estimates are based on data officially reported to WHO and UNICEF by Member States as well as data reported in the published and grey literature. Whenever possible, consultations have taken place with local experts - primarily national EPI managers and WHO and UNICEF regional office staff - for additional information regarding the performance of specific local immunization services. Based on the data available, consideration of potential biases, and contributions from local experts, WHO and UNICEF have attempted to determine the most accurate level of immunization coverage.

Global coverage in 2011 of DTP3 is 83%, however an estimated 22.4 million infants remained unvaccinated. In 2010, the Global coverage of DTP3 was 84 %, with an estimated 21.1 million infants unvaccinated.

The data is posted in tabular format and excel file.

Country profiles of coverage estimates can be found here.

Global coverage estimates, 1980-2011
DTP1, DTP3, Measles, HepB3, Hib3, PCV3 and Rota

World Health Organization, 194 WHO Member States. Date of slide: 24 July 2012.
Technical Information

INFORMATION ON VACCINES FOR AN INTERGOVERNMENTAL NEGOTIATING COMMITTEE TO PREPARE A GLOBAL LEGALLY BINDING INSTRUMENT ON THE USE OF MERCURY
31/07/2012 from Hayatee Hasan, WHO HQ

At its 25th session in 2009, the Governing Council of the United Nations Environment Programme (UNEP) requested an Intergovernmental Negotiating Committee (INC) to prepare a global legally binding instrument on the use of mercury. A variety of mercury-containing products are used in health care including thiomersal, an organic form of mercury, used as a preservative in vaccines presented in multi-dose vials. The INC was specifically tasked by the UNEP Governing Council to address health issues in the proposed global mercury instrument, and including reduction of mercury use in products and processes as part of the overall strategy to reduce human and environmental risks from mercury.

WHO provided independent authoritative health information to its 194 member state governments and during the fourth INC session (INC 4) held in Uruguay from 27 June – 2 July 2012, WHO stated that the benefits of using thiomersal-containing multi-dose vaccines outweighed any theoretical risks. WHO also stated that restricting the use of thiomersal in multi-dose vaccines would threaten immunization programmes and a move to preservative-free single-dose vaccines would increase costs and present operational problems, negatively affecting human health. In addition, no alternative preservatives have so far been evaluated as suitable for all vaccine products in which thiomersal is currently used.

During INC 4, no agreement was reached on the policy option to regulate mercury-added products and industrial processes. Discussions were focused on potential policy options, and not on specific products.

Prior to INC 5 which will be held in Geneva in January 2013, WHO and other immunization partners will continue to work closely with countries to provide the scientific rationale for vaccine products to be excluded from the treaty provisions.

An updated questions and answers including new data on the human health impact of thiomersal in vaccines is available at this link.

CALL FOR NOMINATIONS

The World Health Organization is soliciting nominations to fill a member seat of its Programmatic Suitability for Prequalification (PSPQ) Standing Committee. The PSPQ Standing Committee is an advisory body to the WHO Prequalification (PQ) Secretariat and the Director of Immunization, Vaccines and Biologicals. The Committee's mandate is to provide, at the request of the WHO PQ Secretariat, technical advice on the programmatic suitability of vaccine candidates submitted for WHO prequalification.

The Committee, established in January 2012, is charged with reviewing vaccine characteristics and providing recommendations in instances where vaccines are not in compliance with the critical characteristics as outlined in the document “Assessing the Programmatic Suitability of Vaccine Candidates for WHO Prequalification” or where a vaccine presentation is deemed to be as unique or innovative.

One committee member is being sought—with recognized experience in the management of developing country immunization programmes, or regulatory expertise as it pertains to vaccines used in developing country immunization programmes.

Deadline for applications is 10 September 2012.

For more information or to apply please visit this site.

TECHNET21 MEETING: MARK THE DATE ON YOUR CALENDAR
Next technet21 meeting is scheduled for 5-7 February 2013 in Dakar, Senegal.
Draft agenda and registration details will follow in due course.
Global Immunization News

NOTES FROM THE FIELD: SALMONELLA TYPHI INFECTIONS ASSOCIATED WITH CONTAMINATED WATER IN ZIMBABWE
31/07/2012 from Rachel Slayton and Eric Mintz, National Centre for Emerging and Zoonotic Infectious Diseases, Atlanta, USA

In November 2011, a team from CDC-Atlanta, CDC-Kenya/ Kenya Medical Research Institute and the South Africa Field Epidemiology and Laboratory Training Programme, was invited to assist the Ministry of Health and Child Welfare and City of Harare City Health Department with an investigation of a suspected outbreak of typhoid fever in Harare, Zimbabwe.

As of 2 May 2012, a total of 4,185 suspected cases of typhoid fever had been identified in Harare; 52 cases were confirmed by blood or stool culture. Median age was 15 years (range: <one-95 years); 54% were female. Hospitalization was reported for 1,788 patients (43%) and two deaths were reported.

Samples from two of six boreholes and all seven shallow wells sampled yielded Escherichia coli (E. coli) (an indicator for fecal contamination); all municipal taps tested negative for E. coli. While this descriptive study does not prove illness was associated with contaminated water, it seems likely. Rural-to-urban migration has resulted in overcrowding in residential areas and has outpaced maintenance and expansion of water supply and sewerage infrastructure. Rationing of piped, treated water from municipal systems obliges residents to use unimproved water sources to meet their water needs, putting them at risk for enteric infections, and frequent sewer blockages compound this problem.

Recommendations included promotion of household chlorination of drinking water from all sources. Longer-term efforts are currently underway to upgrade infrastructure replacing old cast-iron pipes with new polyvinyl chloride pipes, remediate existing borehole wells and drill new ones, and establish local reservoir tanks.

This outbreak and other recent evidence of the magnitude of epidemic and endemic typhoid fever in sub-Saharan African countries highlights the continued importance of typhoid fever prevention and control in Africa.

AFRICAN REGION

NOTES FROM THE FIELD: SALMONELLA TYPHI INFECTIONS ASSOCIATED WITH CONTAMINATED WATER IN ZIMBABWE
31/07/2012 from Rachel Slayton and Eric Mintz, National Centre for Emerging and Zoonotic Infectious Diseases, Atlanta, USA

In an updated position paper, WHO recommends that hepatitis A vaccination be integrated into national immunization schedule for children over the age of one, if indicated on the basis of acute hepatitis A incidence and consideration of cost-effectiveness.

Vaccination should particularly be considered in countries with improving socioeconomic status when there is a change from high to intermediate endemiity and when the age of infection shifts to older age group thus increasing the risk of more severe disease and mortality. In these situations, vaccination is likely to be cost-effective. In highly endemic countries where hepatitis A virus is widespread, almost all persons are infected with hepatitis A virus in early childhood, when the infection is asymptomatic or results in very mild disease. In these countries, large-scale vaccination programmes are not recommended.

Vaccination against hepatitis A should be part of a comprehensive plan for the prevention and control of viral hepatitis, including measures to improve hygiene and sanitation and measures for outbreak control. Targeted vaccination of high-risk groups should be considered in low and very low endemiicity settings to provide individual health benefits. Groups at increased risk of hepatitis A include travellers to areas of intermediate or high endemiicity, those requiring life-long treatment with blood products, men who have sex with men, workers in contact with non-human primates, and injection drug users. In addition, patients with chronic liver disease are at increased risk for fulminant hepatitis A and should be vaccinated.

For more information, go to this link.

Technical Information

HEPATITIS A VACCINATION SHOULD BE PART OF A COMPREHENSIVE PLAN FOR PREVENTION AND CONTROL OF VIRAL HEPATITIS
31/07/2012 from Hayatee Hasan, WHO HQ

In an updated position paper, WHO recommends that hepatitis A vaccination be integrated into national immunization schedule for children over the age of one, if indicated on the basis of acute hepatitis A incidence and consideration of cost-effectiveness.

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For more information, go to this link.

Country Information by Region
AMP'S AFRICHOL MONITORS IMPACT OF MASS CHOLERA VACCINATION CAMPAIGN IN GUINEA
31/07/2012 from Martin Mengel and Sabrina Gaber, Agence de Médecine Préventive (AMP)

Early February 2012, a cholera epidemic broke out in two coastal districts of Guinea: Forecariah and Boffa. To prevent the further spread of the disease, Médecins Sans Frontières (MSF) organized mass campaigns with oral cholera vaccine (OCV) in the most affected areas of the two districts in late April and late May 2012, respectively. Since the 64th World Health Assembly, the WHO considers OCVs an important means to prevent and control cholera, along with traditional measures such as safe water and proper sanitation.

To monitor the impact of the vaccination campaigns, Africhol, a three-year project of AMP, extended its surveillance zone beyond Conakry to include Boffa and Forecariah. The Africhol team will perform active case finding in both districts for approximately six months (until November 2012).

As of mid-July 2012, a total of 717 cases and 42 deaths had been reported in all five affected districts. The number of cases has significantly declined in Boffa (zero case reported since 7 May 2012) and Forecariah. The most affected districts now include the city of Conakry, with 52 cases in week 28 and 27 cases in week 29, and Mamou, with 35 cases and seven deaths in week 29. In response to the situation in Conakry, MSF opened a new cholera treatment centre in the neighbourhood of Ratoma, the Africhol surveillance zone. Africhol continues to work with the Guinean Centre for Disease Control in Ratoma and the districts of Boffa and Forecariah to strengthen laboratory capacities for cholera diagnosis.

Established in 2009 with a grant from the Bill & Melinda Gates Foundation, the Africhol project has also created a consortium of partners to support the development of a sustainable surveillance network in nine African countries. For more information you can contact Martin Mengel.
Country Information by Region

AMERICAS

THE DOMINICAN REPUBLIC INTRODUCES ROTAVIRUS VACCINE INTO NATIONAL IMMUNIZATION SCHEDULE
31/07/2012 from Irene Leal, PAHO

On 4 July 2012, the Dominican Republic introduced the rotavirus vaccine into its national immunization schedule in order to prevent diarrhea in children and avoid mortality. The introduction of the vaccine was announced at the official launch in the Santo Socorro hospital. The first doses were administered by the Minister of Health, Dr Bautista Rojas Gomez and the Regional Director of the Pan American Health Organization (PAHO), Mirta Roses to two children aged two months (photo).

According to Dr Rojas Gomez, the new vaccine will prevent the diarrheal infection that affects virtually all children in the first five years of life. The Minister explained that the administration of this oral vaccine in all vaccination posts in the country will also reduce paediatric visits and congestion in hospitals. Dr Rojas Gomez also stated that with the addition of the Dominican Republic, more and more countries in Latin America include this vaccine in their immunization programmes, which he assured is a great achievement.

INTERNATIONAL WORKSHOP ON COLD CHAIN OPERATIONS IN NICARAGUA
31/07/2012 from Nora Lucia Rodriguez, PAHO

From 9-12 July 2012, an international workshop on cold chain operations was held in Managua, Nicaragua. The main objective of the workshop was to train EPI managers and cold chain managers on cold chain operations. Other workshop objectives included providing knowledge on the use of new tools and technologies, presenting guidelines for effective management of cold chain operations and to draw on regional experiences to homologize the text in the cold chain module that PAHO is updating. The purpose of PAHO’s Cold Chain Module is to help countries plan cold chain and supply chain operations for five to ten years from now, for both the introduction of new vaccines and supporting a growing population. The new Unit Five in the Cold Chain Module emphasizes management practices.

A total of 30 participants from Belize, Costa Rica, Cuba, the Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Nicaragua and Panama were in attendance, as well as 20 participants from the host country. Five staff members from the PAHO, the EPI Manager from Honduras and the Cold Chain manager from Brazil served as facilitators. Each country delivered a presentation on the status of their cold chain and the challenges they were facing. Facilitators delivered presentations covering the main topics addressed in each of the five units of the PAHO cold chain module. Afterwards, participants were organized into five work groups. Each group reviewed each Module Unit and discussed the issues and provided suggestions for homologizing each one, including recommendations for improving the information. In addition, a question and answer panel session was organized after the review of each Module Unit. The workshop participants highlighted the importance of supply chain operations for improving the management of vaccine storage and distribution. The high technical level and quality of presentations facilitated an integrated approach between cold chain and supply chain operations.

The third edition of the PAHO Cold Chain Module is expected to be published later this year.

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GUATEMALA CELEBRATES THE WORLD HEPATITIS DAY
31/07/2012 from Ministry of Health, Guatemala and PAHO/WHO Guatemala

For the second consecutive year, Guatemala joined the celebration of the World Hepatitis Day in July 2012. As established in Resolution WHA63.18, during the 63rd World Health Assembly, the country implemented strategies aimed at educating the population and creating awareness about viral hepatitis as a public health problem in order to promote the implementation of prevention and control measures.

To that end, the following activities were conducted: 1) airing of an informative radio interview at “Today with the United Nations” in official radio TGW 107.3 FM; 2) publication of an informative article in a widely distributed free newspaper reaching over 600,000 people in the metropolitan area of Guatemala City and another one in the Healthy Living section of the Prensa Libre Newspaper, which is the paper with the largest circulation in the country; 3) dissemination of hepatitis information through the Ministry of Health Website and Newsletters; 4) vaccination of University San Carlos de Guatemala third year medical students, prior to the beginning of their clinical rotations; and 5) vaccination coverage assessment of the Hepatitis B birth-dose within 24 hours of birth among newborns done jointly by the Ministry of Health’s Immunization Programme and the Social Security Administration.

The birth dose of Hepatitis B vaccine was included in Guatemala’s National Immunization Programme in 2010; for infants, Hepatitis B vaccine has been used in a pentavalent vaccine since 2005.

PAHO/WHO-Guatemala will continue working with the country to coordinate efforts to prevent viral hepatitis through improving sanitation and access to clean water and non-contaminated food, as well as increasing coverage with Hepatitis B vaccine, particularly among newborns and targeted risk-groups.
THE DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA LAUNCHES PENTAVALENT VACCINE

31/07/2012 from WHO Country Office for the Democratic People’s Republic of Korea

Children of the Democratic People’s Republic of Korea will benefit from protection against *Haemophilus influenzae* type b (Hib) disease in addition to continuing protection from four other childhood killers as the country introduces the five-in-one pentavalent vaccine into its routine immunization programme.

The country’s Minister for Public Health, Dr Choe Chang Sik, launched the pentavalent vaccine at a ceremony attended by high government officials, partners, UN agencies, the diplomatic community, NGOs and local elites at the Peoples Palace of Culture in Pyongyang on 12 July 2012.

In his inaugural speech, Dr Choe Chang Sik reiterated the commitment of the government of DPR Korea in further strengthening the national immunization programme for providing protection to the children and women. He appreciated the support provided by GAVI, UNICEF and WHO for the immunization programme in general and for the introduction of the pentavalent vaccine in particular.

“The introduction of this pentavalent vaccine in DPR Korea will mean that now around 350,000 children under one will be vaccinated every year against Hib in addition to other vaccines,” said Mr Bijaya Rajbhandari, UNICEF Representative in DPR Korea.

Speaking on the occasion, Dr Yonas Tegegn, WHO Representative (WR) to DPRK expressed his appreciation for the efforts put in by the Ministry of Public Health in coordination with partners in immunization, WHO and UNICEF, in the preparation for the introduction of the pentavalent vaccine. He was particularly satisfied with the fact that the milestone event in the field of public health in DPR Korea has taken place in 2012, the year that has been identified by the Health Ministers of all eleven Member States of the WHO South-East Asia Region and by the Regional Director of the WHO-SEA Region Dr Samlee Plianbangchang. He appreciated the Government of DPR Korea for the considerable investments it has made in the field of immunization and in saving lives of children and mothers.

DPR Korea has made remarkable achievements in its immunization programme. It is one of the few countries in the WHO South-East Asia Region to achieve consistently high coverage of more than 90% nationally for all antigens in the recent past. Estimated coverage rates have climbed from 56% in 2000. There have been no reported cases of poliomyelitis since 1996 and no measles since the mass vaccination campaign in April 2007. The country has attained the status of MNT elimination as well.

WHO has been an important partner for the government of DPR Korea and it has been providing extensive technical support in planning, implementing, supervising and monitoring the activities of the national immunization programme and also for mobilizing resources.
Country Information by Region

WESTERN PACIFIC REGION

EFFECTIVE VACCINE MANAGEMENT (EVM) ASSESSMENT IN FIJI
31/07/2012 from Dr Jayaprakash Valiakolleri, WHO Representative Office – Fiji

The introduction of pneumococcal, rotavirus and human papilloma virus vaccines will take place in the fourth quarter of 2012 in Fiji. For this, health care facilities depend on efficient and effective supply chain systems to store, transport and distribute these expensive vaccines. In order to maintain high standards of performance in these areas, the first country-wide immunization supply chain assessment was carried out from 9-22 May 2012 to assess the vaccine supply chain, current and future immunization programme needs and to provide ways in making planned enhancements and improvements to the existing system in Fiji.

A total of 34 facilities were randomly selected for EVM assessment categorized as: primary vaccine store, 11 out of 19 sub-divisional vaccine stores, 22 out of 170 health centres and nursing stations that provide vaccination services. There are examples of good practices in the vaccine supply chain of Fiji against major EVM indicators on which strengths can be built upon.

As the next step, there is a need to draw up an advocacy plan for decision-makers to ensure the will and commitment to mobilize resources for funding the plan and its implementation. For this, a recommendation has been made to establish a technical working group consisting of Ministry of Health (EPI) and key immunization partners in Fiji to ensure the resource mobilization and technical implementation is on-track.

CHINA’S CONTINUED PROGRESS TOWARDS MATERNAL AND NEONATAL TETANUS (MNT) ELIMINATION
31/07/2012 from Sigrun Roesel, WPRO

Increased clean and hospital delivery, as a high public health priority and the main strategy to achieve the MNT elimination goal in China, has resulted in a large decline in the number of neonatal tetanus (NT) cases. The reported clean delivery rate and hospital delivery rate at national level have exceeded 95%. These two strategies have been integrated into rural health system reform as a long-term plan to achieving and maintaining MNT elimination. As the reported NT rate in 2011 was <1/1,000 live births (LBs) in each prefecture, the Ministry of Health has applied for WHO validation. A joint Ministry of Health, WHO and United Nations Children’s Fund (UNICEF) pre-validation assessment was conducted in early July 2012 and based on a jointly developed scoring system and field assessments, one prefecture each in the group of western and eastern provinces was selected to be at highest risk; if they are found to have eliminated MNT, all other prefectures are considered to have done so as well. The validation surveys are planned in October 2012. Upon successful achievement, MNT elimination in China would provide a model of excellent cross collaboration between different technical programmes and partner coordination.
<table>
<thead>
<tr>
<th>Title of Meeting</th>
<th>Start</th>
<th>Finish</th>
<th>Location</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2012 Meetings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WPRO 21st Meeting of the Technical Advisory Group on Immunization &amp; Vaccine Preventable Diseases</td>
<td>20-Aug</td>
<td>23-Aug</td>
<td>Manila, Philippines</td>
<td>WPRO</td>
</tr>
<tr>
<td>SEAR Regional Certification Commission (RCC) Meeting</td>
<td>29-Aug</td>
<td>30-Aug</td>
<td>SEARO, India</td>
<td>SEARO</td>
</tr>
<tr>
<td>Annual African Vaccine Regulatory Forum (AVAREF) meeting</td>
<td>14-Sep</td>
<td>17-Sep</td>
<td>Gabon</td>
<td>AFRO</td>
</tr>
<tr>
<td>EMRO Regional Expanded Programme on Immunization managers meeting-Regional meeting on measles/Rubella elimination</td>
<td>16-Sep</td>
<td>18-Sep</td>
<td>Marrakesh, Morocco</td>
<td>EMRO</td>
</tr>
<tr>
<td>Measles Initiative Annual Meeting</td>
<td>18-Sep</td>
<td>19-Sep</td>
<td>Washington, USA</td>
<td>Global</td>
</tr>
<tr>
<td>Tenth International Rotavirus Symposium</td>
<td>19-Sep</td>
<td>21-Sep</td>
<td>Bangkok, Thailand</td>
<td>Global</td>
</tr>
<tr>
<td>Tenth Annual Meningitis Meeting</td>
<td>24-Sep</td>
<td>26-Sep</td>
<td>Lome, Togo</td>
<td>AFRO</td>
</tr>
<tr>
<td>AFRO Working Group on Immunization (WGI) in Central and West Africa</td>
<td>25-Sep</td>
<td>26-Sep</td>
<td>Ouagadougou, Burkina Faso</td>
<td>AFRO</td>
</tr>
<tr>
<td>Global Measles/Rubella and Polio Labnet Meeting</td>
<td>Sep</td>
<td>Sep</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>EURO Regional GAVI Working Group meeting</td>
<td>Sep</td>
<td>Sep</td>
<td>TBD</td>
<td>EURO</td>
</tr>
<tr>
<td>EURO Invasive Bacterial Disease (IBD) surveillance sub-regional meeting</td>
<td>Sep</td>
<td>Sep</td>
<td>TBD</td>
<td>EURO</td>
</tr>
<tr>
<td>Immunization Practices Advisory Committee IPAC</td>
<td>02-Oct</td>
<td>04-Oct</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>SEAR Regional Immunization Review Meeting (including EPI Managers meeting)</td>
<td>09-Oct</td>
<td>12-Oct</td>
<td>Bangkok, Thailand</td>
<td>SEARO</td>
</tr>
<tr>
<td>Global Meetings on Immunization Monitoring and Surveillance</td>
<td>09-Oct</td>
<td>12-Oct</td>
<td>Washington, USA</td>
<td>Global</td>
</tr>
<tr>
<td>PAHO’s (Internal) Technical Advisory Group Meeting</td>
<td>17-Oct</td>
<td>19-Oct</td>
<td>Washington DC</td>
<td>PAHO</td>
</tr>
<tr>
<td>AFRO Regional Committee</td>
<td>22-Oct</td>
<td>26-Oct</td>
<td>Luanda, Angola</td>
<td>AFRO</td>
</tr>
<tr>
<td>European Technical Advisory Group of Experts on Immunization (ETAGE)</td>
<td>Oct</td>
<td>Oct</td>
<td>TBD</td>
<td>EURO</td>
</tr>
<tr>
<td>Global Vaccine Research Forum</td>
<td>Oct</td>
<td>Oct</td>
<td>TBD</td>
<td>Global</td>
</tr>
<tr>
<td>Global Vaccine Safety Initiative</td>
<td>Oct</td>
<td>Oct</td>
<td>TBD</td>
<td>Global</td>
</tr>
<tr>
<td>Strategic Advisory Group of Experts (SAGE) on immunization</td>
<td>06-Nov</td>
<td>08-Nov</td>
<td>TBD</td>
<td>Global</td>
</tr>
<tr>
<td>19th Task Force on Immunization (TFI) &amp; 18th ARICC/ARCI Meetings</td>
<td>01-Dec</td>
<td>04-Dec</td>
<td>TBD</td>
<td>AFRO</td>
</tr>
<tr>
<td>Pre-GACVS meeting, Global Advisory Committee on Vaccine Safety (GACVS) meeting</td>
<td>04-Dec</td>
<td>06-Dec</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>Annual Regional Conference on Immunization (ARCI) and the Annual African Regional Inter-Agency Coordination Committee</td>
<td>10-Dec</td>
<td>13-Dec</td>
<td>Dar-es-Salaam, Tanzania</td>
<td>AFRO</td>
</tr>
<tr>
<td><strong>2013 Meetings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TechNet21 meeting</td>
<td>05-Feb</td>
<td>11-Feb</td>
<td>Dakar, Senegal</td>
<td>Global</td>
</tr>
</tbody>
</table>
### Links Relevant to Immunization

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

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

#### Newsletters
- PAHO/Comprehensive Family Immunization Program-FCH: Immunization Newsletter
- The Civil Society Dose - A quarterly newsletter of the GAVI CSO Constituency
- Optimize Newsletter

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