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News

**Vaccination Week in the Americas – Grenada: 2015**

**Allyson Clouden**, Ministry of Health, Grenada

Grenada joined the Region in observing the 13th Annual Vaccination Week in the Americas (VWA), 25 April – 2 May 2015. VWA was launched with a radio and television address to the nation by the Minister of Health. Prior to the launch, a live media interview/discussion was held with the Expanded Programme on Immunization (EPI) manager and a district medical officer, which aired on television and radio, thus further increasing public awareness on the importance of immunization and encouraging the acceptance of vaccines among the population. Radio talks were also held by the family nurse practitioner and other nurses in Carriacou, one of the sister islands.

In collaboration with PAHO, public service announcements were created and aired several days throughout the week. Posters and stickers promoting vaccination were also distributed to clinics.

Other activities targeting school children and parents to increase awareness included street marches with pre and primary school students, a jingle competition in a secondary school on the VWA slogan, quizzes and talks targeting grade five students of selected primary schools, educational sessions on Inactivated Polio Vaccine (IPV) at parent teachers’ association meetings and at clinics and sessions on immunization for day care attendants and workers. In one district, a road relay among eight secondary schools was also conducted. The race was given a police escort and accompanied by a vehicle from which pre-recorded vaccination messages and songs were aired.

An immunization awards ceremony attended by the Minister of Health and Chief Medical Officer was held at the end of the week’s activities, where prizes were presented to the winners of the Immunization Quiz for Registered Nurses and two annual awards: the Windward Islands Research and Education Foundation’s (WINDREF) Challenge Trophy for the district with the highest vaccination coverage and the Grecarpet Challenge Plaque for accurate, complete and timely submission of immunization data were also presented to two health districts.

The week of activities was a success and helped to further improve public awareness on the importance of vaccination for the health and well-being of children and families.
**World Hepatitis Day 2015: WHO calls for urgent action to curb hepatitis**

Hayatee Hasan, WHO Headquarters

On World Hepatitis Day (28 July) WHO highlights the urgent need for countries to enhance action to prevent viral hepatitis infection and to ensure that people who have been infected are diagnosed and offered treatment. This year, WHO is focusing particularly on hepatitis B and C, which together cause approximately 80% of all liver cancer deaths and kill close to 1.4 million people every year.

WHO recommends vaccinating all children against hepatitis B infection, from which approximately 780,000 people die each year. A safe and effective vaccine can protect from hepatitis B infection for life. Ideally, the vaccine should be given as soon as possible after birth, preferably within 24 hours. The birth dose should be followed by 2 or 3 doses to complete the vaccine series.

WHO also recommends vaccinating adults who are at increased risk of acquiring hepatitis B. These include people who frequently require blood or blood products (for example dialysis patients), health-care workers, people who inject drugs, household and sexual contacts of people with chronic hepatitis B, and people with multiple sexual partners.

Read the news release on curbing hepatitis.

**Bhutan introduces Inactivated Polio Vaccine (IPV) as part of global Polio Eradication effort**

Tshewang Dorji Tamang, Ministry of Health, Bhutan; Chandralal Mongar and Isabel Vashti Simbeye, UNICEF Bhutan Country Office; Gaurav Garg, UNICEF Regional Office for South Asia

On 4 July 2015, the Himalayan Kingdom of Bhutan introduced the Inactivated Polio Vaccine (IPV) into its routine immunization schedule. In South Asia, it followed Nepal, Maldives and Bangladesh as the fourth country to introduce the vaccine (Sri Lanka introduced the vaccine on the same date). In Bhutan, IPV will be administered at health centres to children at 14 weeks of age along with the third dose of Pentavalent vaccine.

Following up on its commitment to implement the Global Polio Eradication Strategy, the Royal Government of Bhutan introduced IPV to address a risk to its population from vaccine derived polio viruses and vaccine associated poliomyelitis (VDPV, VAPP), as well as to contribute to global efforts to eradicate poliomyelitis.

In preparation for IPV introduction, the Government of Bhutan conducted a number of activities. These included the training of all health workers on IPV introduction, the development and distribution of health information materials to health centres and the distribution of IPV to all health centres. As part of the training, Bhutan also took the opportunity to orientate health workers on a change in use of oral polio vaccine (OPV), from trivalent to bivalent vaccine.

Bhutan is a Gavi graduating country that has achieved consistently very high routine immunization coverage (over 90 percent) despite significant challenges relating to geography and hard-to-reach nomadic population groups.

OPV was included in Bhutan’s routine immunization schedule in 1979. The last case of polio was reported in Bhutan in 1986, two years before the launch of the Global Polio Eradication Initiative (GPEI). Bhutan was declared polio free in March 2014.

Following IPV introduction, the Ministry of Health will be monitoring the coverage of IPV.
Global Immunization News (GIN)
July 2015

Benin: Registration Now Open for 2015-2016 Bachelor's Degree in Health Logistics
Eustache Agboton and Hamed Idrissa Traore, Agence de Médecine Préventive (AMP)

The Benin LOGIVAC Centre, which is jointly administered by Agence de Médecine Préventive (AMP) and the Regional Institute of Public Health (IRSP), is launching the fourth edition of the bachelor's degree in health logistics (LPLS) for the 2015-2016 academic year.

A total of 25 to 30 students will be selected for this fourth year of the LPLS. Classes will start in October 2015, with the teaching content approved by a panel of experts from the public and private sectors, including AMP, the Benin Ministry of Health, Bill & Melinda Gates Foundation (BMGF), Gavi, The Vaccine Alliance, the University of Abomey-Calavi, the Imperial Health Sciences (IHS), and the IRSP, UNICEF and WHO.

The course is open to baccalaureate holders with at least two years of higher education or a qualification as a senior technician in nursing and midwifery, public health and hygiene or sanitation. It is also open to senior technicians in commercial logistics and transport.

This innovative 10-month course takes place in three stages: distance learning (three months); classroom training (four months); and an internship, together with preparing and defending an internship report in front of a panel (three months).

The bachelor's degree in health logistics was set up by the technical and financial partners in collaboration with governments. It is designed to meet the growing needs of health systems in French-speaking sub-Saharan Africa, which suffer from a lack of qualified and motivated professional staff for managing the health input supply chain.

If you would like to register for the course, please fill in the registration form before 15 September 2015 (any application received after this deadline will not be accepted). Scholarships may be available.

For more information, please contact the Benin LOGIVAC Centre.

Vaccinating and registering the children born during Ebola
Hayatee Hasan, WHO Headquarters

In Sierra Leone, the Ebola outbreak has affected all aspects of health care. Exact numbers are yet to be confirmed but it is clear that many children have missed out on routine vaccination services and birth registration during the outbreak. To counter this, mass immunization campaigns are being held to enable children to ‘catch-up’. In June this year, an integrated measles and polio campaign was conducted reaching 97% of children under the age of 5.

In mid-July, Sierra Leone’s Ministry of Health and Sanitation, supported by WHO, UNICEF, Plan Sierra Leone (non-governmental organization) and other partners held a 3-day campaign to vaccinate 1.4 million children against polio.

The campaign also registered births, issuing birth certificates for an estimated 200 000 children born at home during the Ebola outbreak. Children not registered at birth prior to the outbreak were also registered and issued with certificates nationwide.

"Immunization campaigns are important steps in protecting children against preventable diseases and assuring their well-being", said Dr Anders Nordström, WHO Representative in Sierra Leone.

"While we are still striving to get to zero Ebola, restoring services – such as birth registration and routine immunization – and empowering social structures and institutions to be functional is critical in transitioning from the Ebola response to a concrete recovery process."

Read the photo story.
Pakistan’s Polio Religious Support Persons (RSPs)

Giovanni Marquez and Ammar Shafiq, Polio Eradication Initiative/World Health Organization Country Office, Pakistan

The number of wild polio virus cases in Pakistan thus far in 2015 stands at 26; this represents a 75% decrease when compared to the same period last year (103).

The fight against polio is being reinforced with the expansion of the National Islamic Advisory Group (NIAG) and the Reservoir Specific Provincial Scholars’ Taskforces (PSTFs). Following the lead of the Islamic Advisory Group on Polio Eradication (IAG), NIAG and PSTFs are bringing together renowned and influential religious leaders, to streamline support to end polio. This initiative has now trickled down to the local level assisting the programme through 62 PSTFs, 752 RSP’s in 450 high risk union councils (UC) in 23 districts and agencies of four polio reservoir areas in the country.

The RSPs are under the supervision of PSTFs and receive training/orientation about polio eradication. RSPs are working as part of the UC Polio Eradication Committees (UPECs) and approaching the refusal families and their local influencers to boost the vaccination of persistently missed children due to religious misconceptions. At the same time, efforts will also be made to create demand among communities for routine EPI.

Furthermore, RSPs are successfully assisting community-based polio vaccination programmes through the identification of Female community Volunteers (FCVs) for polio vaccination in 38% of areas in eight HR UCs of the city of Karachi. Through this initiative, the programme has gained access in chronically inaccessible districts.

The NIAG receives technical and financial support from WHO and is continuing to advocate with religious institutions and organizations for their engagement in polio eradication and EPI; capacity building of UC level Ulemas; and in recording and broadcasting messages of prominent Ulemas at national, provincial and district level and engaging editors/owners of religious publications.

The NIAG as well as the PSTFs will be making their institutions available to serve at polio fixed sites during campaigns as well as permanent centers for routine immunization.
Analysis of Hepatitis A surveillance data in Lebanon: Implications for appraisal of immunization options

Walid Ammar, Nada Ghosn and Randa Hamadeh, Ministry of Public Health, Lebanon; Gabriele Riedner, WHO Country Office Lebanon

In view of the repeated outbreaks of hepatitis A across the country over the past two years, the Ministry of Public Health (MoPH) and the World Health Organization (WHO) agreed to explore options for controlling the outbreak through a targeted vaccination campaign. In December 2014, an expert group consisting of MoPH, WHO, European CDC and European Programme for Intervention Epidemiology Training (EPIET) experts analyzed the available information on the hepatitis A incidence, patterns of the hepatitis A outbreaks and population coverage of hepatitis A vaccination. Based on this analysis a strategy for enhanced immunization was proposed.

National case reporting data for hepatitis A were used to obtain information on the number of cases (suspected, probable and confirmed), over time, by age and district since 1995. Denominators came from official Lebanese population survey and UN agencies working with Palestinian and Syrian refugees in Lebanon.

With the displacement of Syrians to Lebanon following the crisis in Syria, two populations with different endemicity levels started to co-exist in Lebanon. In 2014, infections were reported from Syrian refugees (with a high proportion of children) and among the Lebanese population (with a higher proportion of older age groups). The reported rate was three times higher for Syrian refugees in general than for the regular Lebanese population. The highest number of cases and the second highest rate were reported from Baalbek district which hosts a large number of Syrian refugees.

Recommendations included the inclusion of hepatitis A vaccination in the childhood vaccination calendar, a two-dose vaccine regimen with the second dose given six to twelve months after the first dose. The age bracket of catch-up vaccination should be extended to older children. This will result in a faster reduction in the amount of circulating virus.

The mission team also recommended further promotion of hand hygiene practices, also reinforcing water and sanitation access and quality monitoring.

Upcoming course

Advanced Vaccinology course

Institute of Tropical Medicine and International Health, Charité – Universitätsmedizin, Berlin

Location: Berlin, Germany
Date: 11 – 22 January 2016 (Deadline for application, preferably 20th October 2015)
Participants: Charité - Universitätsmedizin, Berlin and University of Antwerp, Belgium
Purpose: The course covers state-of-the-art updates on recent global developments in the field of vaccinology. It is run in partnership between the Institute of Tropical Medicine and International Health, Charité – Universitätsmedizin Berlin, and the University of Antwerp, Belgium. A wide range of lecturers contribute to the course teaching: these come from various institutions, from academia as well as the pharmaceutical industry, with specialists from a wide array of regional and thematic expertise.
Details: An introduction on new vaccines, new financing initiatives and related policy issues will be provided. Basic epidemiological, ethical and regulatory issues related to the assessment of vaccine efficacy and effectiveness in different world regions will be compared, while appraising issues of public confidence in vaccination programmes. The course also provides an overview of economic aspects of vaccination programmes and ways in which health professionals may be assisted in designing, planning, and implementing immunization programmes (with a strong focus on developing countries).
Past Meetings/Workshops

XXIII Meeting of PAHO’s Technical Advisory Group (TAG) on Vaccine-preventable Diseases

Gabriela Felix, Cara Janusz, Cuauhtemoc Ruiz Matus and Octavia Silva, PAHO-Washington, DC

Location: Varadero, Cuba

Date: 1-3 July 2015

Participants: 190 participants from 35 countries in the Region, including the TAG members, National EPI Managers, individuals responsible for epidemiological surveillance of vaccine-preventable diseases, National Immunization Technical Advisory Group (NITAG) presidents, PAHO immunization staff and representatives from the US Centers for Disease Control and Prevention (CDC), among other immunization partners and experts.

Purpose: To review the regional progress on selected topics and recommendations to address the current and future challenges faced by national immunization programmes in the Region of the Americas.

Details: PAHO’s Assistant Director, Dr Francisco Becerra and the Vice Minister of Health of Cuba, Dr Jose Angel Portal Miranda, opened the meeting by welcoming participants and providing introductory remarks. Dr Peter Figueroa was then introduced as the newly appointed TAG Chair, a role he served in interim during the XXII TAG meeting after the passing of the former chair Dr Ciro de Quadros in 2014. Prior to the first technical session, a moment of silence was observed in memory of Dr de Quadros.

The topics discussed in the 2015 XXIII TAG Meeting included:

- Polio eradication
- Monitoring immunization progress with the WHO/UNICEF Joint Reporting Form (JRF)
- Ensuring timely access to quality vaccines through PAHO’s Revolving Fund
- Maternal immunization
- Measles elimination
- HPV vaccination
- Surveillance of new vaccines
- Missed vaccination opportunities
- Neonatal tetanus elimination
- Dengue vaccine development
- National Immunization Technical Advisory Groups (NITAGs)
- Cholera and the oral cholera vaccine stockpile
- Rotavirus vaccination
- Influenza vaccination in tropical areas
- Use of auto-disable syringes
- Control/elimination of Hepatitis B

In addition to discussing these topics, the 2015 PAHO Immunization Award was given to Dr Elizabeth Ferdinand and Barbara Cristina Marinho Souza.

The TAG members acknowledged the contribution from the PAHO Secretariat to the meeting’s success. The 2015 TAG Report with recommendations from the TAG members will soon be available at this link.
Workshop on planning for the switch in oral polio vaccines in Mongolia

Santosh Gurung, Western Pacific Regional Office

Location: Ulan Bator, Mongolia

Date: 1-6 July 2015

Participants: Thirty-five participants from National Centre for Communicable Disease (NCCD), selected EPI managers from provincial and district level and partners from WHO and UNICEF attended the workshop. WHO Lao PDR also took part.

Purpose: To conduct briefings on general guidance for planning and implementing the switch in oral polio vaccines, to invite feedback on the general global guidance materials, to explore potential barriers and identify potential solutions, and to understand the contextual considerations in Mongolia for early switch planning. This exercise will also help to inform planning for other countries in the region.

Details: The World Health Assembly (WHA) urges all Member States that currently use oral poliovirus vaccine to prepare for the global withdrawal of the type 2 component of trivalent OPV (tOPV) to bivalent OPV (bOPV). This unprecedented and global synchronized effort is scheduled for April 2016.

Seventeen OPV-using countries in the Western Pacific (WPRO) Region will participate in switch. In the preparation for the Switch Plan in the Region “dry run” workshop of the switch was organized in Mongolia. The first two days of the workshop focused on building awareness and understanding of the global switch, discussions and group work to help develop a switch plan for the country. This was followed by two days of field visits to each of Ulan Bator city and Selenge province, covering national, provincial, and districts stores and family clinics.

The overall activities had useful implications for defining a number of aspects of the national switch plan, such as management and coordination, vaccine procurement and stock management, communications and training, and monitoring and validation. The planning process also identified opportunities for synergies with the introduction of IPV (scheduled for January 2016), specifically in areas such as communications and training.

With clear directions on key steps for the months ahead, the OPV switch in Mongolia will be feasible.
Sixth Meeting of the South-East Asia Regional Immunization Technical Advisory Group (SEAR-ITAG)

Nihal Abeysinghe, South-East Asia Regional Office

Location: New Delhi, India

Date: 15-19 June 2015

Participants: Eight members of the SEAR-ITAG, 12 members representing national ITAGs, regional representatives of the WHO’s Strategic Advisory Group of Experts (SAGE) for Immunization and the South East Asia Regional Committee for Certification of Poliomyelitis Eradication (SEA RCCPE), 29 participants from 11 member states including national managers of the expanded programme of Immunization (EPI), surveillance focal points, 24 representatives from donor/partner organizations and, 16 and 32 staff respectively from the headquarters, regional and country offices of UNICEF and WHO.

Purpose: The SEAR-ITAG is a regional technical expert group, established by the Regional Director, for providing advice on all aspects of immunization, vaccines and vaccine preventable disease prevention/control/elimination/eradication. It reviews the progress on increasing immunization coverage, surveillance performance, programme issues, matters related to vaccine quality assurance, and provides guidance to countries on ways to improve and sustain the performance of immunization, and reviews the implementation of recommendations from the previous SEAR-ITAG meeting.

The focus this year was to address and seek guidance on ways to effectively address priority areas of Poliomyelitis Eradication and the Endgame Strategy, Measles Elimination and Rubella/CRS Control by 2020 and progress towards MNTE.

Details: The ITAG noted that progress has been made in immunization activities in the region since the last meeting of the SEAR ITAG held in August 2014. The countries in the region are well positioned to take lessons learned and apply best practices to their respective national immunization programmes.

ITAG made recommendations focusing on strategic actions to achieve the objectives of the Global Polio Eradication and Endgame Strategic Plan 2013-2018 and the regional goal of Measles Elimination and Rubella/CRS Control by 2020. Recommendations covered other priority areas including the validation of MNTE in SEAR, vaccine quality and management, new and under-utilized vaccines, seasonal influenza control and data quality.

The ITAG requested WHO SEARO to provide an annual report on the progress towards reaching the recommendations. Special focus would be made on measles and rubella related timelines and activities, updates on the implementation of the tOPV to bOPV switch, and activities pertinent to environmental surveillance and the review of sero-surveys.

Given the importance of enteric fever and cholera in the region, ITAG requested that sessions on typhoid fever and cholera be included in the ITAG session of 2016.

For more information, click on this link, then enter the following:
User name: itag and Password: itag@2015.
The Global Immunization Meeting: Protect, Innovate, Accelerate, organized jointly by WHO and UNICEF, took place from 23 to 25 June 2015 in Sitges, Spain and was attended by 175 participants from Ministries of Health from 26 countries, WHO, UNICEF and global immunization partners, academia, vaccine manufacturers and civil society organizations.

The meeting set out to explore key issues related to strengthening routine immunization, encompassing all aspects of new vaccine implementation and accelerated disease control efforts, involving global, regional and country-based immunization partners.

Particular emphasis was given to technical updates on new strategies and approaches in areas with major opportunities and challenges. Participants reviewed lessons learned from the introduction of new vaccines and technologies, innovative approaches to disease elimination, and exchanged perspectives on establishing more original methods for the provision of technical assistance.

The agenda mixed formal plenary sessions and interactive workshops, each day focusing on one of the overriding meeting themes; protect, innovate, and accelerate.

From the outset of day one, lively discussions and sharp presentation content set the tone for the overall meeting. An update on GVAP targets pushed participants to help drive a step change on priority problems that will contribute to closing the gaps, highlighting the need for new accountabilities. Assumptions were challenged through an examination of inequity within countries, shifting attention to systems strengthening and appealing for catalytic change in four major areas; community engagement, capacity building, management and financing, and using data for action.

Day two delved into game-changing innovations on topics such as supply chain and logistics, integrated approaches, a life-course approach, information systems and vaccine delivery technologies. Drawing on recent advances and promising initiatives, sessions reviewed the latest data, implementation issues, lessons learned and barriers. Specific recommendations were generated to inform future directions, aiming to catalyze a substantial boost in programme performance.

Achieving and sustaining disease elimination was the core theme of day three. The plenary assessed progress, country examples, and strategic directions going forward for maternal and neonatal tetanus and measles and rubella, as well as a range of experiences in new vaccine implementation. Together with new tools and strategies, a renewed global commitment and strong country ownership will be critical to impacting the burden of these diseases.

On the final afternoon, a summary of the main outcomes was presented and next steps identified to help advance the global immunization agenda. There is reason to applaud the important progress made in a number of fields, however much remains to be done to make sure that both new and traditional vaccines reach every woman and child.
WHO and UNICEF have reviewed data available on national immunization coverage and produced country-specific estimates of immunization coverage for 1980-2014. 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 and country 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 likely immunization coverage for each of 195 countries or territories.

Global coverage in 2014 for three doses of DTP-containing vaccine was 86%, however an estimated 18.7 million infants remained un- or under-vaccinated. It was estimated that 85% of infants receive the 1st dose of measles-containing vaccine through the routine immunization services leaving 20.6 million infants unvaccinated.

The highlights of the updated data on immunization coverage published by WHO and UNICEF can be accessed here.

The data are posted both on UNICEF and WHO web sites.

The data can be accessed in tabular format and excel file, and country profile reports of coverage estimates can be found at this link.

**Publication of the data reported by the WHO Member States on immunization**

Olivier Beauvais, Laure Dumolard and Claudia Steulet, WHO Headquarters

Since 1998, WHO and UNICEF annually collect data on national immunization systems through the WHO/UNICEF Joint Reporting Form on Immunization (JRF).

The JRF collects national level data on reported cases of selected vaccine preventable diseases, immunization coverage, recommended immunization schedules, supplementary immunization activities, vaccine supply, and other information on the structure, policies and performance of national immunization systems.

During the second quarter of each year, national authorities complete the form and submit the data to WHO and UNICEF, who consolidate the replies and reconcile any differences between the two reporting channels. This data is analyzed, and queries are sent back to the countries. The data is constantly revised upon the receipt of updated information from Member States.

By 23 July 2015, 183 of the 194 WHO Member States reported data for 2014. This includes JRFs from all countries in the WHO Regions for Africa, the Americas, the Eastern Mediterranean and South East Asia. Completeness of the data reported in the JRF varied from one indicator to another. For example, 92% countries reported on the number of measles confirmed cases, 97% on the existence of a multi-year plan or on the number of districts with DTP3 coverage >=80%, and approximately 70% on the percentage of total expenditures on vaccines financed by government funds.

In addition to contributing to numerous publications, this data is the main source of information for WHO Member States and Partners for annual review of the progress made towards achieving the Global Vaccine Action Plan (GVAP) goals at the World Health Assembly.

The WHO vaccine preventable diseases monitoring system is updated with 2014 data and can be accessed through country profiles, or by subject.
# Calendar

## 2015

### August

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<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>10-14</td>
<td>Workshop on strengthening laboratory services in the African Region</td>
<td>Pretoria, South Africa</td>
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<tr>
<td>25-28</td>
<td>AFR Vaccine safety workshop for Francophone countries</td>
<td>Ouagadougou, Burkina Faso</td>
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### September

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<th>Date</th>
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<tr>
<td>1-3</td>
<td>EURO Meeting of National Immunization Programme Managers</td>
<td>Antwerp, Belgium</td>
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<td>3-4</td>
<td>EURO Polio EPI and Lab Managers’ Meeting</td>
<td>Antwerp, Belgium</td>
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<tr>
<td>7-11</td>
<td>New Vaccines Data and Surveillance Meeting</td>
<td>Ouagadougou, Burkina Faso</td>
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<tr>
<td>14-19</td>
<td>Vaccinology course for Francophone countries</td>
<td>Dakar, Senegal</td>
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<tr>
<td>15-16</td>
<td>Fourteenth Annual Measles and Rubella Initiative Meeting: Focusing on the Human and Financial Costs of Measles</td>
<td>Washington DC, USA</td>
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<td>30-2</td>
<td>European Technical Advisory Group of Experts on Immunization (ETAGE)</td>
<td>Copenhagen, Denmark</td>
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### October

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<tr>
<td>6-7</td>
<td>4th Measles-Rubella Mini Symposium</td>
<td>Decatur, GA USA</td>
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<tr>
<td>7-8</td>
<td>Gavi Programme and Policy Committee</td>
<td>Geneva, Switzerland</td>
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<td>14-15</td>
<td>Immunization Practices Advisory Committee (IPAC) meeting</td>
<td>Geneva, Switzerland</td>
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<td>14-16</td>
<td>Gavi High Level Review Panel (HLRP)</td>
<td>Geneva, Switzerland</td>
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<td>20-22</td>
<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>26-30</td>
<td>EMRO Intercountry EPI Managers and Measles meeting</td>
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### November

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<tr>
<td>6-20</td>
<td>Gavi Independent Review Committee (IRC) for new proposals</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>10-12</td>
<td>Global meeting on lessons learned from HPV vaccine introduction</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>16-20</td>
<td>Global IB-VPD and RV Sentinel Surveillance and Laboratory Meetings</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>17-20</td>
<td>31st Meeting of Caribbean Immunization Managers</td>
<td>Guyana</td>
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### December

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<tr>
<td>2-3</td>
<td>Gavi Board Meeting</td>
<td>Geneva, Switzerland</td>
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<td>2-4</td>
<td>AFRO Task Force on Immunization (TFI)</td>
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### 2016

### January

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<th>Date</th>
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<tr>
<td>19-20</td>
<td>WPRO Gavi Regional Working Group meeting</td>
<td>Manila, Philippines</td>
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Links

Organizations and Initiatives

American Red Cross
Child Survival

Agence de Médecine Préventive
AirChol
EpiVacPlus
LOGIVAC Project
SIVAC

Centers for Disease Control and Prevention
Polio
Global Vaccines and Immunization

Johns Hopkins
International Vaccine Access Center
Vaccine Information Management System

JSI
Africa Routine Immunization Systems Essentials Project
IMMUNIZATIONbasics
Maternal and Child Health Integrated Program (MCHIP)

PAHO
ProVac Initiative

PATH
Vaccine Resource Library
Rotavirus Vaccine Access and Delivery
Malaria Vaccine Initiative
Meningitis Vaccine Project
RHO Cervical Cancer

WHO Regional Websites
Routine Immunization and New Vaccines (AFRO)
Immunization (PAHO)
Vaccine-preventable diseases and immunization (EMRO)
Vaccines and immunization (EURO)
Immunization (SEARO)
Immunization (WPRO)

UNICEF Regional Websites
Immunization (Central and Eastern Europe)
Immunization (Eastern and Southern Africa)
Immunization (South Asia)
Immunization (West and Central Africa)
Child survival (Middle East and Northern Africa)
Health and nutrition (East Asia and Pacific)
Health and nutrition (Americas)

Newsletters

Immunization Monthly update in the African Region (AFRO)
Immunization Newsletter (PAHO)
The Civil Society Dose (GAVI CSO Constituency)
TechNet Digest
RotaFlash (PATH)
Gavi Programme Bulletin (Gavi)