NEW & UNDER-UTILIZED VACCINES IMPLEMENTATION (NUVI)

WHO GLOBAL MEETING ON IMPLEMENTING NEW AND UNDER-UTILIZED VACCINES

30/06/2011 from Hemanthi Dassanayake-Nicolas, WHO HQ

The fifth WHO Global Meeting on Implementing New and Under-utilized Vaccines was organized by WHO/HQ and held in Montreux, Switzerland from 22-24 June 2011 with over 125 participants including representatives from Ministries of Health from 18 countries, WHO, UNICEF (HQ, Regional and Country offices), partner agencies including AMP, The Bill and Melinda Gates Foundation, CDC, Clinton Health Access Initiative, GAVI Secretariat, JSI (MCHIP), NORAD, PATH, Sabin Institute, SIVAC, and USAID, as well as participants from universities, NGOs, manufacturers, and independent consultants.

The overall theme of the NUVI meeting was "Sustaining the gains of new vaccine introduction" with the objectives to review and discuss key issues in new and under-utilized vaccine introduction among immunization partners, regions and countries. The meeting had plenary sessions to discuss the progress with the Global NUVI Plan of Action, updates from GAVI on NUVI Financing, and lessons learned from new vaccines introduction to date. The meeting also hosted six workshops on the following areas: Prioritization of vaccines at the country level; Communication for NUVI; Vaccine Supply & Pricing; Delivery Strategies for Typhoid, JE, Rubella and HPV vaccines; Immunization Schedules; and Human Resources for Immunization.

The main priorities to be undertaken by the different partner institutions in the coming year were identified, the main ones being to continue to support fully informed decision making on the introduction of new vaccines, and the theme conclusion being to further work towards government ownership of the national immunization programme, to engage in strengthening routine immunization, to work on demand creation and community engagement, to maintain the momentum with donors and focus on critical messages that "we can deliver", and that further support be provided to vaccine introduction in lower middle-income countries.

The full meeting report will be available shortly on this link.
The Global NU VI meeting was preceded by the NU VI Retreat on 21 June 2011 in Montreux, Switzerland. This meeting was attended by key partners as well as participants from the WHO and UNICEF Headquarters, Regional Offices and country office. The main objectives of the Retreat were to share joint WHO/UNICEF regional experiences on new vaccine introduction issues at the country and regional levels, and to provide an update on new vaccines activities and technical assistance from partners.

The priorities identified for the coming year are to continue to support the 51 countries that plan to introduce 63 new vaccines in the coming 12-18 months, especially in the following areas:

- Preparing readiness of the cold chain to accommodate new vaccine(s)
- Implement new delivery strategies
- Strengthen immunization systems by conducting pre-introduction training for new vaccines and undertaking social mobilization activities
- Conduct specific trainings on NRA strengthening, NITAGs, cMYP, vaccine procurement, vaccine management, causality assessments of AEFIs
- Strengthen surveillance, including AEFI monitoring
- Conduct post-introduction evaluations for Hib, Pneumo, Rota and HPV and Effective Vaccine Management assessments
- Continue epidemiological and cost-effectiveness studies

WHO will continue to be the primary technical body for new vaccine introduction with support from partners for the above priorities. A mapping of country technical assistance needs against the magnitude and scope of partners will be done to cover this intense phase of new vaccine introductions.

WHO PREQUALIFIES TYPHOID VACCINE
30/06/2011 from Alison Brunier, WHO HQ

In June 2011, for the first time, WHO prequalified a typhoid vaccine. The vaccine, TYPHIM-Vi, is a Vi polysaccharide vaccine, and is recommended for use as a single dose in individuals of two years and above.

The prequalification of this vaccine should significantly increase the access of developing countries to protection against typhoid through vaccination.

In 2004, WHO estimated the global typhoid fever disease burden at 21 million cases annually, resulting in an estimated 216 000-600 000 deaths per year, predominantly in children of school age or younger. The majority of this burden occurs in Asia (source: Third edition of State of the World's Vaccines and Immunization available at the following link).

For more information on TYPHIM-Vi, click on this link.
FIRST WHO NATIONAL REGULATORY AUTHORITIES (NRA) STRATEGIC FORUM OF REGULATORY AGENCIES FOR VACCINES, BANGKOK, 3-5 MAY 2011
30/06/2011 from Lahouari Belgharbi and Alireza Khadem (WHO/HQ), Stephane Guichard (SEARO) and Sato Yoshikuni (WPRO).

The first World Health Organization National Regulatory Authorities Strategic Forum was organized in Bangkok, Thailand from 3-5 May 2011. WHO/HQ, SEARO and WPRO were co-organizers of the meeting that was attended by 14 out of 17 major vaccine producing countries which were represented by experts from their NRA: Australia, Brazil, Canada, China, Cuba, Egypt, Germany, Indonesia, Republic of Korea, Mexico, Senegal, Thailand, USA and Viet Nam. The forum was coordinated with the Workshop on Influenza Regulatory Capacity Building (WIRCEIV) organized in Sao Paulo from 6-8 June 2011 as part of the Global Influenza Programme and with the next WHO NRA indicators revision meeting planned from 12-14 October 2011 in Geneva.

The main objectives of the NRA Strategic Forum were to develop a long term vision and identify the key strategic directions in the area of vaccine regulation to support the development of vaccine production in developing countries. WHO invited several donor organizations, technical agencies and vaccine industry representatives to discuss the challenges, constraints and opportunities met by a functional regulatory system in developing countries.

The meeting outcome has provided guidance on several generic issues such as: (a) regulatory frameworks; (b) capacity building; (c) regulatory convergence initiatives; and (d) consultation with industry. For each of the aforementioned themes, the participants identified strengths, weaknesses, opportunities and threats for which recommendations were discussed and translated into a "white paper". The vision agreed and strategic directions identified will support national regulatory capacity and guide WHO and its partners to contribute to increase production and supply of assured quality of vaccines for national immunization programmes. All working and background documents were posted on a WHO web site “SharePoint” and are available at this link.

COLD CHAIN AND LOGISTICS (CCL) TASKFORCE
30/06/2011 from Kate Bai, UNICEF

WHO recommends that "Every refrigerator storing vaccines should have a freeze indicator" [Immunization in Practice, Module 3: The cold chain, 2004 update]. This is because the risk of freezing may be a more important danger to vaccines than heat, especially with Vaccine Vial Monitors (VVMs) that indicate excessive heat exposure. However, the use of freeze indicators remains limited. Yet, new technology has been available since 2005 that not only shows freeze exposures but also provides a rolling 30-day temperature record: The Fridge-Tag™ (FT). In May 2011, another 30-day temperature recorder, the Log Tag, that displays heat and freeze alarms was prequalified. To see more details of both devices, please click on this link.

The CCL Taskforce is reviewing country experiences in the use and implementation of the FTs, and is planning to survey the 32 countries that have procured these through UNICEF since 2006. The very limited numbers ordered by most countries, and the fact that only five countries have reordered after two years (the life of the FT), suggests that practically no country is making full use of these unique instruments for assuring fridge performance adequate to maintain vaccine potency. The CCL Taskforce is therefore seeking opinions as to why this is the case, and whether these devices should now be the minimum standard for temperature monitoring, especially for countries that have introduced the relatively expensive new vaccines that are all freeze sensitive. Please send your opinions to Kate Bai.
 Tick-borne encephalitis virus is an important cause of viral infections of the central nervous system in eastern, central and northern European countries, and in northern China, Mongolia, and the Russian Federation.

Approximately 10,000 to 12,000 clinical cases of tick-borne encephalitis are reported each year, but this figure is believed to be significantly lower than the actual total. Most infections with the virus result from tick bites acquired during outdoor activities in forested areas.

Immunization offers the most effective protection against tick-borne encephalitis. Currently, there are four widely used vaccines of assured quality: FSME-Immun and Encepur, manufactured in Austria and Germany respectively, and based on European strains of the virus; and TBE-Moscow and EnceVir, manufactured in the Russian Federation and based on Far-Eastern strains. The four vaccines are considered to be safe and efficacious.

Vaccination against the disease requires a primary series of three doses. Little information is available on the duration of protection following completion of the primary three-dose immunization series and on the need for, and optimal intervals between, possible booster doses.

Since the incidence of tick-borne encephalitis may vary considerably between and even within geographical regions, public immunization strategies should be based on risk assessments conducted at country, regional or district level, and should be appropriate to the local endemic situation. Therefore, establishing case reporting of the disease is essential before deciding on the most appropriate preventive measures to be taken. Similarly, health authorities’ decision-making on programmatic vaccination could be informed by an analysis of the cost-effectiveness.

In areas where the disease is highly endemic (i.e. where the average pre-vaccination incidence of clinical disease is ≥ five cases/100,000 population per year), implying that there is a high individual risk of infection, WHO recommends that vaccination be offered to all age groups, including children. Where the pre-vaccination incidence of the disease is moderate or low (that is, the annual average during a five-year period is < five cases/100,000) or is limited to particular geographical locations or certain outdoor activities, immunization should target individuals in the most severely affected cohorts.

People travelling from non-endemic areas to endemic areas should be offered vaccination if their visits will include extensive outdoor activities.

Please click on this link to access the revised position paper in English and French. For background information, please click here.
EVIDENCE ON THE COSTS AND BENEFITS OF OUTSOURCING THE VACCINE SUPPLY CHAIN TO THE PRIVATE SECTOR
30/06/2011 from Patrick Lydon (WHO) and Ticky Raubenheimer (CCCCM)

In recent years, supply chain management has received growing attention as both a priority and a challenge for many countries scaling up immunization services with new vaccines. Indeed, the vaccine supply chain and logistics systems face the challenge to manage an increasing number of vaccines of higher value, greater volume and greater complexity in terms of packaging and presentations. Yet, little additional resources to adequately expand the supply chain systems are available, and alternative solutions to manage the increasing throughput of vaccines need to be explored. More and more countries are recognizing the benefits of engaging the private sector in supply chain and logistics functions by outsourcing the physical storage and handling of commodities to specialized logistics operators when such expertise is available in country.

Although outsourcing is a growing trend and the theoretical benefits are clear, the true costs and benefits of doing so are not well documented. To bridge this information gap, an outsourcing review has recently been completed by WHO and the Collaborating Centre for Cold Chain Management (CCCCM) under the auspices of project Optimize. The review focused on the Western Cape Province experience in South Africa and provides evidence based information around the cost and benefits of outsourcing the vaccine supply chain to a third party private sector company for vaccine procurement, warehousing, inventory management and the distribution of vaccines directly to health centres. Of interest is that the review was conducted in a context where three new vaccines were being introduced into the national immunization schedule in 2010 - Pentaxim (DTP-IPV-Hib), Rotarix (rotavirus) and Prevenar (Pneumo) vaccines. The draft report will be available online by early July.

New Publications

THE IMMUNOLOGICAL BASIS FOR IMMUNIZATION SERIES.
MODULE 19: HUMAN PAPILLOMAVIRUS INFECTION (ISBN 978 92 4 150159 0)

This WHO IVB document is now online, and presents a brief and easily-understood overview of the scientific basis of vaccination. The document focuses on human papillomavirus infection.

IMMUNOGENICITY AND SAFETY OF A MENINGOCOCCAL A CONJUGATE VACCINE IN AFRICANS (REFERENCE N ENGL J MED 2011; 364:2293-2304)

This article is now available. It was written by Sow S, Okoko BJ, Diallo A et al and has been published in the New England Journal of Medicine.

WHO MANUAL FOR THE ESTABLISHMENT OF NATIONAL AND OTHER SECONDARY STANDARDS FOR VACCINES (WHO/IVB/11.03)

This IVB document is now online. Biological reference standards are used in qualifying or validating test procedures to ensure uniformity in the designation of potency of biologicals. WHO developed the Recommendations for the preparation, characterization and establishment of international and other biological reference standards. Feedback from the National Control Laboratories (NCLs) and vaccine manufacturers indicated that there were many questions concerning the establishment of national standards, and that a practical manual for the use by the NCLs and vaccine manufacturers would be of use. This manual will be primarily aimed at national and other secondary standards which will be used in the potency testing and other bioassays of vaccines. This document will explain in detail the issues which must be considered and the general principles in the preparation and calibration of such standards.
DONORS COMMIT VACCINE FUNDING TO ACHIEVE HISTORIC MILESTONE IN GLOBAL HEALTH
30/06/2011 from GAVI

On 13 June 2011, at the first pledging conference held by the GAVI Alliance, major public and private donors achieved a milestone in global health, committing US$ 4.3 billion additional funds for the period 2011-2015. This exceeds an initial target of $3.7 billion, enabling GAVI to reach more children faster than planned and to work with partners and countries to accelerate the introduction of new vaccines.

The increased support is timely. GAVI recently received a record number of applications from 50 countries for new vaccine introduction during the Alliance’s latest application round – nearly double the previous record in 2007. This new support will allow GAVI to fully fund approved applications. In 27 June to 8 July 2011, the GAVI Independent Review Committee will meet to review and make recommendations on all completed new vaccines applications. Then, in late September 2011, the GAVI Executive Committee approvals will be made and countries notified of their outcome.

GAVI eligible countries have committed to maintain or increase the co-financing of their vaccine programmes. Vaccine manufacturers also announced they will contribute by offering lower prices on a range of life-saving vaccines supported by GAVI, including a two-thirds reduction on the rotavirus vaccine (final prices are yet to be confirmed). Continued commitments by countries to meet their co-financing requirements and by vaccine manufacturers to lower prices were recognized as key contributions to the sustainability of immunization programmes for GAVI and for countries once they graduate.

At the conference, Ellen Johnson Sirleaf, President of Liberia, said “Today is an important moment in our collective commitment to protecting children in developing countries from disease. But every 20 seconds, a child still dies of a vaccine-preventable disease. There’s more work to be done.”

The pledging conference convened prime ministers, ministers and high-level officials from donor and developing countries, leaders of UN Agencies, Chief Executive Officers from private companies and senior civil society leaders to make commitments to support GAVI’s work.

The tremendous outcome of the conference is the result of a collective commitment of GAVI Alliance members to protecting children in developing countries from vaccine-preventable diseases. We would like to express our gratitude for the engagement of our partners and collaborators to ensure that all children will have equal access to life-saving vaccines.

Please visit the GAVI website for more information on the outcome of the conference.
WHO RESPONSE TO RECENT POLIO CASES IN WEST AFRICA
30/06/2011 from Crépin Hilaire DADJO, WHO/AFRO IST West

From 23 June to 4 July 2011, more than 58 million children aged below 5 years will be vaccinated against Polio during synchronized National Immunization Days in nine countries in West Africa. Synchronization of this current round has been adopted in the organization of a wider response to the detection of Poliovirus type three in the subregion.

The countries concerned are Burkina Faso, Cote d’Ivoire, Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal and Sierra Leone.

Of the 32 cases of wild poliovirus confirmed in the subregion since the beginning of the year, 17 are of type three and 11 of these were notified by Cote d’Ivoire. It will be recalled that recent socio-political disturbances significantly affected the health systems and services in this country. Cote d’Ivoire has also reported epidemics of yellow fever and cholera. In partnership with UNICEF, ROTARY INTERNATIONAL, CDC Atlanta and GAVI, WHO has been assisting with the response effort. For instance, in Cote d’Ivoire two mass campaigns against yellow fever have already been organized so far in 2011 reaching a satisfactory protection level. As for the polio campaign, another round is already planned for July for Cote d’Ivoire and four of its neighbouring countries. A total of approximately 14 million children under five years will be targeted with vaccination using the bivalent OPV (1+3) vaccine.
Country Information by Region

AFRICAN REGION

11TH AFRICAN ROTAVIRUS GENOTYPING WORKSHOP HELD IN PRETORIA, SOUTH AFRICA; 6-17 JUNE 2011
30/06/2011 from Jason Mwenda, WHO/AFRO

WHO/AFRO in collaboration with the Regional Rotavirus Reference Laboratory (RRL) at MEDUNSA, University of Limpopo, South Africa hosted the 11th Rotavirus Genotyping training workshop from 6-17 June 2011 for the rotavirus surveillance network countries.

Eighteen participants from 15 countries participated in this workshop and were trained on aspects of laboratory quality control and assurance, standard operating procedures (SOPs) and techniques for rotavirus diagnosis including ELISA, PAGE, strain characterization using RT PCR, Real time PCR and sequencing.

During the official opening ceremony, the WHO Representative in South Africa emphasized the need to continue rotavirus sentinel surveillance to inform policy maker on the burden of rotavirus disease in Africa. Noting the success of rotavirus clinical trials that were conducted in five African countries, she said that developing and low-income countries can also positively influence global health policy through high quality and relevant data for action.

She echoed the need to empower laboratory technologist with appropriate skills and adequate knowledge, to ensure they remain at par with the rest of the world in conducting high quality surveillance that produced credible and reliable data for action.

MEDUNSA RRL has contributed a great deal in strengthening capacity of laboratory scientists in Africa and has the largest collection of stools samples (20,000) in the world that serves as a resource for training and rotavirus strain surveillance in Africa.

SUPPORT FOR THE PREPARATION OF GAVI SUBMISSIONS IN VIEW OF INTRODUCING NEW VACCINES
30/06/2011 from Omer N’GANGA WHO/IST, Libreville

The WHO Intercountry Support Team (IST) for Central Africa and the UNICEF West and Central Africa Regional Office, have jointly organized a peer review in Douala, Cameroon from 11-13 April 2011. It was aiming at countries planning to submit a proposal to GAVI for introducing new vaccines. The following GAVI eligible countries from Central Africa participated: Angola, Burundi, Cameroon, Central African Republic, Congo and Sao Tome and Principe. EPI Managers and EPI counselors from the WHO and UNICEF offices in these countries were present. The main objective of this workshop was to improve the technical quality of the cMYPs, of the plans for introducing new vaccines and of the GAVI submissions.

INTRODUCTION OF DQS IN THE VACCINATION MONITORING SYSTEM IN THE DEMOCRATIC REPUBLIC OF SAO TOME & PRINCIPE
30/06/2011 from Auguste Ambendet, IST Libreville

A training workshop on the use of the self assessment of vaccination data quality tool took place from 31 May to 4 June 2011 in Sao Tome. This workshop was attended by 20 staff from the Ministry of Health. This practical field exercise allowed the revision of the data collecting tools at all levels of the health system.


Country Information by Region

AFRICAN REGION

DRAMATIC FALL IN CASES OF MENINGITIS A AFTER NEW VACCINE INTRODUCTION
30/06/2011 from Alison Brunier, WHO HQ

Six months after the successful introduction of a new vaccine aimed at eliminating the primary cause of meningitis epidemics in sub-Saharan Africa, Burkina Faso, Mali, and Niger reported the lowest number of confirmed meningitis A cases ever recorded during an epidemic season.

With the 2010-2011 epidemic season largely over, WHO surveillance data show just four confirmed cases of meningitis A in Burkina Faso, the first country to introduce the vaccine nationwide. Three of the four cases occurred in individuals from neighbouring Togo who crossed the border for medical care, and the fourth case was a citizen of Burkina Faso who had not received the new vaccine. No confirmed cases were reported in Mali, while four cases were reported in Niger, all in unvaccinated individuals.

For more information, click on this link and also on this second link.

WHO AFRO TO FINALIZE CONCEPT PAPER ON REACHING THE UN/UNDER IMMUNIZED CHILDREN
30/06/2011 from Zora Machekanyanga, WHO/IST/ESA

The Africa Regional Task Force on Immunization (TFI) working group meeting on strengthening RI systems in the African Region meeting which was conducted in Harare, Zimbabwe from 12-13 May 2011 focused on polio eradication activities (preventing new wild poliovirus virus (WPV) spread and outbreaks in importation countries and interrupting WPV transmission in re-established and endemic countries in Africa region); reduction of un/under immunized children in Africa and; measles elimination in the Africa region.

During the discussions, the TFI members reiterated on the reduction of un/under immunized as the cornerstone of immunization activities in the region. It was noted that the Regional routine immunization coverage had stagnated, with some countries reporting decreases in coverage. To respond to this issue a concept paper entitled “Reaching the Un-reached children with immunization services. A Strategic paper for WHO African Region” to strengthen routine immunization in the Africa region was presented. It brought out the following issues of concern: low capacity for Reaching Every District approach implementation, reduced external and domestic funding, lack of community ownership, and high cost of new vaccines.

The TFI urged all countries in the region to improve the routine immunization coverage of measles vaccine (MCV1) at the national and sub national level, allocate adequate resources to ensure timely implementation of high quality measles follow up SIAs. They also reiterated on the need to document and share the experience of dealing with resistant population groups as well as conducting operational research into the epidemiological shift of measles infection and vaccine efficacy issues. The TFI called on all AFRO countries to develop and implement mechanisms for mobilizing sustainable resources to support immunization programmes in the Africa region by building EPI managers’ capability in immunization financing. The meeting emphasized the need for WHO/AFRO, UNICEF, GAVI and other partners to work with vaccine manufacturers to intensify efforts towards vaccine price reduction.
Country Information by Region

AFRICAN REGION

EVALUATION FROM THE COMMEMORATION OF THE FIRST AFRICAN VACCINATION WEEK (AVW) IN THE CENTRAL AFRICAN REPUBLIC
30/06/2011 from Auguste Ambendet, IST Libreville

The Central African Republic performed an evaluation of the first Vaccination week organized in the country from 11-17 April 2011. This week was marked by the following interventions:
- Important social mobilization in order to reinforce the awareness, participation and community appropriation of the vaccination;
- Vaccination of children aged nine to 47 months against measles in each Sanitary Prefecture;
- Administration of the Monovalent oral polio vaccines (OPV) in each Sanitary Prefecture;
- Supplement in Vitamin A of children between six and 59 months old;
- Deworming of children aged 12 to 59 months with Albendazole;
- Reduction of the number of children below one year old un- or under-vaccinated with all the EPI antigens.

This First AVW experienced some difficulties in its preparatory phase because of budgetary constraints. The results obtained, although not reaching the objectives set, enabled the mobilization of the political authorities, the community leaders as well as the whole community to give special attention to Vaccination.

THIRD MEETING OF THE AFRICAN REGIONAL MEASLES TECHNICAL ADVISORY GROUP TOOK PLACE IN ACCRA, GHANA, 28-29 APRIL 2011
30/06/2011 from Balcha Masresha, WHO AFRO

The third meeting of the African Regional Measles Technical Advisory Group (TAG) took place in Accra, Ghana, from 28-29 April 2011. The main objective of the meeting was to review the status of implementation of the measles control programme in the African Region and to assess progress towards the Regional measles pre-elimination targets.

The TAG reviewed the progress in routine immunization performance, the quality and financing of measles supplemental immunization activities, the quality of surveillance performance, and reviewed the epidemiological and programmatic information regarding the recent resurgence of measles in the Region.

As of the end of 2010, many countries remain behind the milestones towards the pre-elimination targets and may not be able to meet the targets by 2012, unless significant efforts are put in place to scale up the implementation of the strategies in the coming months.

The TAG has made specific recommendations to countries and to partners to help improve the programme ownership and financing, to scale up the advocacy and resource mobilization efforts, to improve the programme coordination, to promote operational research and documentation, as well as to focus on the quality of the implementation of the recommended strategies.

PREPARATION FOR PCV13 INTRODUCTION
30/06/2011 from Auguste Ambendet, IST Libreville

Burundi, Cameroon and the Central African Republic are preparing the introduction of PCV13 in the EPI routine starting on 1 July 2011. During this month of preparation, the national programmes of vaccination also concentrated their efforts on the preparation of these upcoming introductions. Among other activities, countries revised data collection tools, prepared the communication materials, and are raising awareness and training of staff as well as transporting the vaccine to the vaccination centres.
PAHO recently convened a TAG Working Group on Mumps. Their meeting took place in Washington DC, from 2-3 June 2011, and its participants were connected virtually via Elluminate. It was chaired by Dr José Ignacio Santos and Dr Peter Figueroa, both members of PAHO’s Technical Advisory Group on Vaccine-preventable Diseases (TAG). Other participants included representatives from PAHO, WHO, the US Centres for Disease Control and Prevention (CDC), and Member States such as Argentina, Brazil, Canada, Costa Rica, Cuba, the Dominican Republic, Paraguay, and Venezuela.

The meeting covered experiences in mumps control from the Region of the Americas, as well as global experiences; issues regarding mumps vaccine (effectiveness, waning immunity and genotype mismatch); outbreak investigation and control, clinical aspects, and management of events supposedly attributable to vaccines and immunization (ESAVI), particularly aseptic meningitis; and aspects related to laboratory diagnosis.

The main recommendations* include:

1. Given that the MMR vaccine is used in the Region of the Americas, strategies to control mumps should be closely integrated with existing goals of measles and rubella elimination

Vaccination

2. Preventing mumps requires two doses of MMR vaccine in countries’ national immunization programmes for all children. The first dose should be given at 12 months of age as part of the routine immunization schedule, and the second either through a campaign or as part of the routine,

3. During all of the vaccination activities against the mumps, regardless of the vaccination strategy (routine or campaign) any of the WHO prequalified vaccines can be used, independent of the mumps strain. When responding to outbreaks, the use of the Jeryl-Lynn strain on adolescents and adults is preferred,

4. When using the MMR in campaigns, health authorities should monitor for, investigate, and train health workers about possible vaccine-related adverse events, including possible instances of aseptic meningitis,

5. Future well-designed studies on MMR vaccine safety profile in campaigns should be done to investigate the incidence of adverse events,

Surveillance and outbreaks

6. Strengthened surveillance for mumps will be decisive in building the general knowledge-base of mumps epidemiology in the Americas and help define a disease goal.

7. Countries’ surveillance efforts should first focus on clusters of clinical cases to identify mumps outbreaks. After an observed decline in the incidence of mumps cases, case-based surveillance should be developed,

8. All countries that have not yet made mumps a notifiable disease should do so. Countries should also strengthen their mumps surveillance systems to rapidly detect, investigate, and respond to mumps outbreaks,

9. All the countries of the Region of the Americas should standardize mumps case definitions and surveillance indicators,

10. Every suspected outbreak should be adequately investigated in order to identify the characteristics of the outbreak, select appropriate control measures, and determine why the outbreak occurred. While the single most important outbreak control measure is vaccination, these interventions should target only the clearly affected populations
Country Information by Region

AMERICAS

TECHNICAL ADVISORY GROUP WORKING GROUP MEETING ON MUMPS (CONT.)

Laboratory

11. Capacity for laboratory confirmation of mumps should be part of the Measles and Rubella Laboratory Network for the Region of the Americas. Building laboratory capacity will require development of standard protocols for laboratory testing, data management and quality control as well as training.

12. Laboratory testing should be used to confirm suspected outbreaks of mumps, but not to confirm every suspected case. Samples should be collected for serologic and virological assays. Molecular characterization should be used to establish a genetic baseline for wild-type mumps.

13. Laboratories with existing capacity for PCR should consider establishing the mumps real time RT-PCR assay as a diagnostic method.

A summary of this meeting will be presented to PAHO’s TAG during their upcoming meeting in July 2011.

* A detailed list of the working group recommendations on mumps can be obtained from PAHO upon request.

PAHO/WHO URGES TRAVELERS TO THE AMERICAS TO GET VACCINATED AGAINST MEASLES AND RUBELLA

30/06/2011 from Pamela Bravo and Carlos Castillo-Solórzano, WHO/PAHO

The Pan American Health Organization/World Health Organization (PAHO/WHO) is urging international travellers to get vaccinated against measles and rubella before visiting the Western Hemisphere, to reduce the risk of reintroducing these two diseases, which have been eliminated from the Americas.

PAHO/WHO issued an epidemiological alert in view of the measles outbreaks occurring in Europe and other parts of the world and the increased international travel expected for upcoming cultural and sporting events hosted by countries in the Americas.

In addition to recommending vaccination of travellers to the Americas, the alert also recommends that residents of the Western Hemisphere get vaccinated before travelling to other regions. “Travellers who have not been vaccinated against measles and rubella are at risk of contracting these diseases when visiting countries where the viruses are currently circulating,” says PAHO/WHO.

The alert also urges travellers to be on alert during their trip and upon their return for symptoms including fever, rash, cough, runny nose or conjunctivitis. Travellers who believe they have contracted measles or rubella should confine themselves to their lodging, except for visiting a doctor, and should avoid public places and contact with other people for seven days following the onset of rash.

The alert, which was sent to the ministries of health of PAHO Member States, urges health authorities to include private healthcare providers in their surveillance systems and to alert healthcare workers in both the private and public sectors to the possible presence of both diseases, reminding them that suspected cases must be notified immediately to health authorities.

The alert also encourages the healthcare sector to require proof of immunity for measles and rubella as a pre-requisite for employment (for medical, administrative and security personnel). It also recommends vaccination of personnel in the tourism and transportation sectors.

LINKS
- PAHO epidemiological
- WHO home page
NATIONAL REGULATORY AUTHORITY (NRA) STRENGTHENING; INFORMAL NRA ASSESSMENT OF VIET NAM
30/06/2011 from Alireza KHADEM, WHO/HQ

The Drug Administration of Viet Nam (DAV) is the representative institute in the country, acting as the domestic National Regulatory Authority (NRA). DAV was visited by a WHO team on 3-4 March 2011. During this visit, DAV requested WHO to have an informal assessment during May 2011 to identify potential gaps prior to the WHO formal assessment. It was agreed that DAV will prepare a self-assessment report as a prerequisite to this visit by end of April 2011. According to the aforementioned request of DAV, an informal assessment of the National Regulatory Authority of Viet Nam was made from 23 to 27 May 2011. This visit was a continuation of WHO support to strengthen the NRA of Viet Nam that was started in March 2001.

The WHO team was composed of several regulatory experts from Australia, China, Thailand, as well as WHO staff from the Viet Nam country office, the Regional Office for the Western Pacific and Headquarters.

During the visit, the National Regulatory System for vaccines was reviewed by the team; also the assessment process and NRA assessment indicators were discussed in detail with the nationals and the outcome of the visit including an updated Institutional Development Plan (IDP) and a road map to implement the WHO recommendations was delivered to them. The WHO NRA formal assessment will take place following the implementation of recommendations on the critical indicators.

NEW SOLAR REFRIGERATOR TECHNOLOGY TESTED FOR VACCINE STORAGE IN VIETNAM
30/06/2011 from Joanie Robertson and Nga Nguyen, PATH Vietnam

Battery failure often impedes the effective use of solar refrigerators in immunization programmes. Project Optimize, a collaboration between PATH and WHO, will field-test the SureChill refrigerator system (manufactured by True Energy), a technology that eliminates the battery and uses thermal storage of energy instead.

SureChill systems have been installed at two health centers—one in north Vietnam and another in south Vietnam to determine how they work in the field, what effect they have on cold-chain capacity, and how they affect energy cost and consumption. The objective of this activity is to evaluate the following questions:

1) How do these new solar refrigerators work in the field?
2) How do they effect cold chain capacity in the District Preventive Medicine Center (PMC)?
3) How do they effect the energy cost and consumption at the District PMC?

At the end of the pilot, if it is shown that this technology is successful and desirable, recommendations will be provided to Vietnam’s National Immunization Programme and other government stakeholders for further consideration in expanding the model.
Country Information by Region

WESTERN PACIFIC REGION

ASSESSMENT OF REACHING EVERY DISTRICT (RED) STRATEGY IN MONGOLIA 2010
30/06/2011 from Diana Chang-Blanc, UNICEF

A UNICEF-supported assessment intended to capture the impact of the RED strategy on health service access in the 13 khorooos (subdistricts) of Bayanzurkh district in Ulaanbaatar, where it was piloted in 2009. The RED strategy in Mongolia involves conducting a mapping to identify the hard-to-reach or vulnerable populations that are ‘falling out of the system’, identifying the barriers they encounter in accessing health care services and implementing a package of health and social services beyond immunization (e.g., ante-natal care, micronutrients, civic registration, emergency food supply).

Information on additional numbers of community members reached in 2009 due to the RED strategy are as follows:

* 219 children immunized
* 2,486 people registered at an Family Group Practice clinic
* 508 women received antenatal care
* 1,047 received family planning support
* 515 people received emergency food supply.

Based on the findings of the assessment, the Minister of Health issued a Ministerial Decree on 17 May 2011 to pronounce approval and support to finance the scale-up of the RED strategy in additional areas. In 2011, with UNICEF and GAVI funding, the action plan will be implemented in five additional aimags (Dornod, Khovd, Uvs, Bayan-Ulgii and Bayankhongor) and four districts of Ulaanbaatar city (Bayanzurkh, Bayangol, Songinokhairkhan and Sukhbaatar).

You can find the document and more information on the EAPRO website.
## Regional Meetings & Key Events Related to Immunization

<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>2011 Meetings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WPRO H1N1 lessons learnt workshop and Vaccine security training</td>
<td>04-Jul</td>
<td>08-Jul</td>
<td>Manila, Philippines</td>
<td>WPRO</td>
</tr>
<tr>
<td>GAVI Governance</td>
<td>06-Jul</td>
<td>06-Jul</td>
<td>TBD</td>
<td>Global</td>
</tr>
<tr>
<td>PAHO’s Technical Advisory Group on Vaccine-preventable Diseases (TAG)</td>
<td>06-Jul</td>
<td>08-Jul</td>
<td>Buenos Aires, Argentina</td>
<td>PAHO</td>
</tr>
<tr>
<td>GAVI Board Meeting</td>
<td>07-Jul</td>
<td>08-Jul</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>LSHTM Course on Epidemiological evaluation of vaccines: efficacy, safety and policy. More information.</td>
<td>11-Jul</td>
<td>22-Jul</td>
<td>London, United Kingdom</td>
<td>Global</td>
</tr>
<tr>
<td>PAHO Workshop on WHO/UNICEF coverage estimates for selected countries</td>
<td>12-Jul</td>
<td>13-Jul</td>
<td>Panama City, Panama</td>
<td>PAHO</td>
</tr>
<tr>
<td>AFRO 4th Regional Paediatric Bacterial Meningitis (PBM) and Rotavirus Surveillance meeting and Data Management Workshop</td>
<td>18-Jul</td>
<td>22-Jul</td>
<td>TBD</td>
<td>AFRO</td>
</tr>
<tr>
<td>WPRO Regional Laboratory Training Course on Rotavirus ELISA Antigen Detection and Genotyping</td>
<td>25-Jul</td>
<td>29-Jul</td>
<td>Korea</td>
<td>WPRO</td>
</tr>
<tr>
<td>AFRO West and Central Africa Sub Regional Working Group Meeting</td>
<td>July</td>
<td>July</td>
<td>Abuja/Accra</td>
<td>AFRO</td>
</tr>
<tr>
<td>SEARO High Level Ministerial Meeting</td>
<td>02-Aug</td>
<td>02-Aug</td>
<td>New Delhi, India</td>
<td>SEARO</td>
</tr>
<tr>
<td>SEARO EPI Managers’ meeting</td>
<td>03-Aug</td>
<td>04-Aug</td>
<td>New Delhi, India</td>
<td>SEARO</td>
</tr>
<tr>
<td>WPRO 20th Meeting of the WPR Technical Advisory Group (TAG) on Immunization &amp; Vaccine Preventable Diseases</td>
<td>09-Aug</td>
<td>12-Aug</td>
<td>Philippines</td>
<td>WPRO</td>
</tr>
<tr>
<td>WPRO Regional Working group</td>
<td>13-Aug</td>
<td>13-Aug</td>
<td>Philippines</td>
<td>WPRO</td>
</tr>
<tr>
<td>Pacific Immunization Programme Strengthening Workshops (PIPS)</td>
<td>22-Aug</td>
<td>27-Aug</td>
<td>Nadi, Fiji</td>
<td>WPRO</td>
</tr>
<tr>
<td>WPRO Subregional Certification Commission (SRCC)</td>
<td>22-Aug</td>
<td>27-Aug</td>
<td>Fiji</td>
<td>WPRO</td>
</tr>
<tr>
<td>WPRO Third Meeting on Vaccine Preventable Disease Laboratory Networks</td>
<td>05-Sep</td>
<td>09-Sep</td>
<td>Manila, Philippines</td>
<td>WPRO</td>
</tr>
<tr>
<td>WPRO Regional Verification Committee for Measles Elimination</td>
<td>12-Sep</td>
<td>13-Sep</td>
<td>Philippines</td>
<td>WPRO</td>
</tr>
<tr>
<td>Global IBD Surveillance Meeting</td>
<td>12-Sep</td>
<td>14-Sep</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>Global Measles/Rubella and Polio Labnet Meeting-HQ</td>
<td>12-Sep</td>
<td>16-Sep</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>PAHO Workshop on early experiences and early-adopter countries</td>
<td>12-Sep?</td>
<td>14-Sep?</td>
<td>Bolivia</td>
<td>PAHO</td>
</tr>
<tr>
<td>PAHO Measles Initiative Annual Meeting</td>
<td>13-Sep</td>
<td>14-Sep</td>
<td>Washington, D.C., USA</td>
<td>PAHO</td>
</tr>
<tr>
<td>SEARO Bi-regional Regional Working Reference Standards (RWRS) workshop</td>
<td>13-Sep</td>
<td>15-Sep</td>
<td>Goa</td>
<td>SEARO</td>
</tr>
<tr>
<td>Title of Meeting</td>
<td>Start</td>
<td>Finish</td>
<td>Location</td>
<td>Region</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-------</td>
<td>--------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>EURO Regional conference on rotavirus for health care professionals and medical</td>
<td>19-Sep</td>
<td>19-Sep</td>
<td>Yerevan, Armenia</td>
<td>EURO</td>
</tr>
<tr>
<td>academics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAVI Programme &amp; Policy Committee</td>
<td>Sep</td>
<td>Sep</td>
<td>TBD</td>
<td>Global</td>
</tr>
<tr>
<td>PAHO Regional Workshop on ProVac HPV cost-effectiveness model</td>
<td>17-Oct</td>
<td>19-Oct</td>
<td>Bogota, Colombia</td>
<td>PAHO</td>
</tr>
<tr>
<td>AFRO West and Central Africa Sub Regional Working Group Workshop</td>
<td>Oct/Nov</td>
<td>Oct/Nov</td>
<td>Kinshasa, DRC</td>
<td>AFRO</td>
</tr>
<tr>
<td>SAGE Meeting</td>
<td>08-Nov</td>
<td>10-Nov</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>WPRO Regional Commission for the Certification of Poliomyelitis Eradication in</td>
<td>14-Nov</td>
<td>18-Nov</td>
<td>Viet Nam</td>
<td>WPRO</td>
</tr>
<tr>
<td>the Western Pacific Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAHO Caribbean EPI managers meeting</td>
<td>14-Nov</td>
<td>18-Nov</td>
<td>Freetown, Guyana</td>
<td>PAHO</td>
</tr>
<tr>
<td>EURO Regional workshop for MICs on economical evaluations of new vaccines</td>
<td>Nov</td>
<td>Nov</td>
<td>TBD</td>
<td>EURO</td>
</tr>
<tr>
<td>PAHO Regional New Vaccines Meeting</td>
<td>16-Nov</td>
<td>18-Nov</td>
<td>Uruguay</td>
<td>PAHO</td>
</tr>
<tr>
<td>GAVI Board Meeting</td>
<td>Dec</td>
<td>Dec</td>
<td>TBD</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 |
| Pediatric Dengue Vaccine Initiative |
| SABIN Sustainable Immunization Financing |
| SIVAC Program Website |
| UNICEF Supply Division Website |
| Hib Initiative Website |
| Japanese Encephalitis Resources |
| Malaria Vaccine Initiative |
| Measles Initiative |
| Meningitis Vaccine Project |
| Multinational Influenza Seasonal Mortality Study (MISMS) |
| RotaADIP |
| RHO Cervical Cancer (HPV Vaccine) |
| WHO/ICO Information Center on HPV and Cervical Cancer |
| SIGN Updates |
| 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 |

---

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