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Related Links

Technical Information

WORLD IMMUNIZATION WEEK 2012
30/03/2012 from Hayatee Hasan, WHO HQ

This year, World Immunization Week takes place from 21-28 April 2012, with the slogan “Protect your world, get vaccinated” under the overall theme of “Immunization saves lives”. This worldwide event is an opportunity to underscore the importance of immunization in saving lives and to encourage families to vaccinate their children against deadly diseases. Through its convening power, WHO works with countries across the globe for a week of vaccination activities, public education and information sharing. WHO ensures that governments obtain the necessary guidance and technical support to implement high quality immunization programmes.

During the World Immunization Week, countries will implement activities to boost momentum and focus on specific actions such as:

- raising awareness on how immunization saves lives;
- increasing vaccination coverage to prevent disease outbreaks;
- reaching underserved and marginalized communities - particularly those living in remote areas, deprived urban settings, fragile states and strife-torn regions with existing and newly available vaccines; and
- reinforcing the medium- and long-term benefits of immunization, giving children a chance to grow up healthy, go to school and improve their life prospects.

Advocacy and communication materials such as banners, posters and visual identity have been developed for use by regions, countries and immunization partners. A 30-second video promoting World Immunization Week will be available soon.

To find out more about World Immunization Week and what activities regions and countries are planning to implement this year, go to this link.

WHO IMMUNIZATION HIGHLIGHTS: 2011
30/03/2012 from Hayatee Hasan, WHO HQ

The 2011 edition of “WHO immunization highlights” covers key global achievements and provides a snapshot of the wide range of work undertaken by WHO staff and partners to support national immunization programmes. The year 2011 saw important progress in a number of areas. About 180 countries across five WHO regions celebrated Immunization Week and the first official WHO-supported World Hepatitis Day was held to increase awareness and understanding of viral hepatitis and the diseases that it causes. The demand for new and underused vaccines is rising and more countries are introducing vaccines against meningococcal A epidemics, pneumococcal disease and rotavirus. The provision of policy guidance to countries continued through the work of the Strategic Advisory Group of Experts (SAGE) on Immunization and the publication of position papers on tick-borne encephalitis, rubella and meningococcal vaccines. For more information, click on this link.
Technical Information

COMMEMORATION OF THE SECOND AFRICAN IMMUNIZATION WEEK
30/03/2012 from Auguste Ambendet, WHO IST/Central

The week of 23-30 April 2012 was selected by AFRO to commemorate the second African Immunization Week. Based on the tools provided by AFRO, all ten African countries are in the preparatory phase of this important activity, including the identification of interventions, advocacy and the mobilization of internal resources. Taking into account the urgency for polio, countries will have the commemoration coincide with the additional immunization activities against polio.

THIRD VACCINATION WEEK IN THE EASTERN MEDITERRANEAN
30/03/2012 from Nahad Sadrazodi, WHO EMRO

The Regional Office for the Eastern Mediterranean is preparing to celebrate the third Regional Vaccination Week during the week of 24-30 April 2012, coinciding with the first World Immunization Week. This year, our progress has been on track despite the very tenuous circumstances that the Region has encountered. The third Vaccination Week in the Eastern Mediterranean will be launched under the theme of “reaching every community”, demonstrating the Region’s vision and key strategy in addressing the increasing priorities of immunization programmes. All countries have submitted their plans of action, proposing a variety of activities ranging from workshops, seminars, media campaigns, to celebrations, social mobilization, and vaccination outreach.

VACCINE SAFETY NET PROJECT (VSN)
30/03/2012 from Isabelle Sahinovic, WHO HQ

Due to the success of immunization, some diseases are no longer perceived as a threat. Certain groups have even questioned the utility of vaccination, in spite of its proven success in controlling disease. In recent years, a number of websites providing unbalanced, misleading and alarming vaccine safety information have been established, which can lead to undue fears, particularly among parents and patients.

Acknowledging the above-mentioned issues and urged by governments, key non-governmental organizations, the United Nations Children’s Fund (UNICEF), and WHO initiated, in 2003, the Vaccine Safety Net Project (VSN). The overall objective of the VSN is to facilitate the access of public health authorities, health professionals and the public to reliable information on vaccine safety via the internet. A key player in the Project is the Global Advisory Committee on Vaccine Safety (GACVS), established by WHO in 1999 to respond promptly, efficiently, and with scientific rigour to vaccine safety issues of potential global importance. To assist readers in identifying websites providing information on vaccine safety that comply with good information practices, the GACVS has recommended a list of criteria that sites providing information on vaccine safety should adhere to. Thirty-four websites are listed as VSN members. It is envisioned that this number will increase by soon including websites from different parts of the world and diversify the languages represented (Arabic, Russian, Chinese, Portuguese and websites from India for example). It should be noted that the provision of a link from the WHO website to other sites does not indicate endorsement of those sites by WHO, and WHO accepts no responsibility for the validity or accuracy of their content. The depth and breadth of content varies according to the type of organization and the resources within that organization available for web management.

Requests for site evaluation should be sent to this address.

OPTIMIZE NEWSLETTER
30/03/2012 from Alexandre Pascutto, WHO HQ

Op.ti.mize is an electronic newsletter on the vaccine supply chain that highlights advances and innovations in health care logistics, technologies, and policy. Developed by Project Optimize, a collaboration between the World Health Organization and PATH, the newsletter also provides an overview of the project’s current activities and areas of focus.

Technical Information

AGENCE DE MÉDECINE PRÉVENTIVE - WHO LOGIVAC PROJECT HOLDS CURRICULUM DEVELOPMENT WORKSHOP FOR HEALTH LOGISTICS TRAINING IN AFRICA
30/03/2012 from Sabrina Gaber, Philippe Jaillard, and Benjamin Schreiber, Agence de Médecine Préventive

LOGIVAC, a project of the Agence de Médecine Préventive (AMP) and WHO, held a training curriculum development workshop in Paris, France from 8-9 February 2012. The meeting brought together representatives of AMP, WHO, Project Optimize, the West African Health Organization (WAHO), and Institut Bioforce, and other experts in health logistics and professional certification.

Launched in 2011, LOGIVAC is a three-year project that will establish the first regional reference and resource centre at the Institut Régional de Santé Publique (Regional Institute of Public Health, IRSP) in Ouidah, Benin. The centre will offer, among others, a certified and academically accredited training programme to ensure that health logistics have the necessary skills and support to meet current and future health logistics needs.

The purpose of the Paris meeting was to determine the training strategy and curriculum. During the two-day workshop, participants discussed the rationale for developing the LOGIVAC training programme: specifications for and benefits of academic accreditation and professional certification; instructional design and learning methods; a quality assurance system; and existing resources that can be mobilized to support the training programme. By the end of the workshop, participants validated the work plan and expected results and made recommendations on the instructional design strategy. They also proposed activities where they might be able to provide assistance, based on those listed in the activity timeline. LOGIVAC is funded by the Bill & Melinda Gates Foundation.

For more information on LOGIVAC.
For more information on AMP.

ENSURING FUTURE VACCINES MEET COUNTRY NEEDS: VACCINE PRESENTATION AND PACKAGING ADVISORY GROUP (VPPAG) UPDATE
30/03/2012 from Osman Mansoor, UNICEF

Examining how the use of barcodes can add value and improve immunization programmes in developing countries, as well as updating guidance to manufacturers on preferred product attributes for future vaccines will be the focus of the Vaccine Presentation and Packaging Advisory Group (VPPAG) in 2012.

VPPAG, which is hosted by WHO and chaired by UNICEF, provides a forum for public sector and vaccine manufacturers – both from the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) and the Developing Country Vaccine Manufacturer’s Network (DCVMN) - to discuss and reach consensus on vaccine presentation and packaging issues to support the development of products suited to low and middle income country contexts.

In 2011, VPPAG’s work focused on developing a white paper on the standardization of vaccine labels. The paper covered issues such as minimum font size, standardizing expiry date format, reducing the information content on the labels themselves and the introduction of product generic names (which would go alongside product brand names). This paper was presented to WHO’s Immunization Practices Advisory Committee (IPAC), to which VPPAG functions as a standing committee, who agreed with the importance of the issue and referred the topic to the Expert Committee on Biological Standardization (ECBS), the group responsible for providing guidance on vaccine labeling requirements. ECBS agreed with the need to revisit the labeling requirements and has requested WHO’s Quality, Safety and Standards team to look into the issue and provide proposed recommendations for revision, based on VPPAG’s white paper. VPPAG also provided input into WHO’s Programmatic Suitability for Pre-Qualification process for vaccines, as well as to the 2020 vision for immunization supply systems and the Decade of Vaccines Global Vaccine Action Plan.

In 2012, VPPAG will focus on developing standards and use cases for barcodes on vaccine packaging, and updating the generic preferred product profile (gPPP), which provides recommendations for vaccine producers and developers on presentation and packaging of new vaccines for use by public-sector programmes in developing countries. Parameters include recommendations on areas such as container and packaging volumes, labelling products for higher temperature storages and optimal doses per primary container.

For more information on VPPAG, please visit this web site.
Technical Information

NEW FUNDING OPPORTUNITY: INNOVATION TO STRENGTHEN IMMUNIZATION SYSTEMS
30/03/2012 from Alexandre Pascutto, WHO HQ

New life-saving vaccines being developed and introduced in immunization programmes around the world require immunization supply systems that are up to the task of ensuring that those vaccines reach the people who need them most.

A new call for proposals from the Bill & Melinda Gates Foundation seeks bold new strategies to increase the effectiveness and reliability of immunization systems. The Gates Foundation Grand Challenges Explorations grant programme offers US$100,000 grants to help prove the potential of innovative approaches to optimize immunization systems.

“The first round of the Grand Challenges Explorations grants programme for immunization supply systems was very successful. Nearly 300 applications from over 50 countries were received by the Bill & Melinda Gates Foundation. The winners will be announced by the foundation in early May 2012,” said Michel Zaffran, Director of project Optimize and Senior Adviser in WHO’s Department of Immunization, Vaccines and Biologicals.

A search for daring solutions
Anyone with a good idea is eligible to submit a two-page proposal, including engineers, public health specialists, entrepreneurs, and students working in a nongovernmental organization, ministry of health, university, or company. Priority areas for funding include: vaccine product characteristics, supply system design, environmental impact, information systems, human resources, and vaccination acceptance. Proposed solutions should be daring in premise and clearly different from approaches currently under investigation or in use, with a focus on the operational aspects of immunization systems. Ideas also must have the potential to be scaled up or reproduced in multiple low-resource settings.

The submission deadline is May 15, 2012.

Launched in 2008, Grand Challenges Explorations grants have already been awarded to 602 researchers from 44 countries. Successful projects may be eligible for additional funding up to $1 million.

For more information, go to:
Bill & Melinda Gates Foundation Grand Challenges Explorations call for proposals.
The Gates Grand Challenges Explorations programme Project Optimize.

WHO RECOMMENDATIONS FOR INTERRUPTED AND DELAYED VACCINATION NOW AVAILABLE
30/03/2012 from Hayatee Hasan, WHO HQ

Every immunization programme in the world has a national vaccination schedule that specifies the age at which antigens are to be given. But as we well know, in real life things rarely go according to plan! Inevitably, children and individuals come late for their vaccinations or for whatever reason, are unable to stick to the usual schedule. These irregular situations can be challenging to health workers who may not know what to do. If a child starts a vaccination series late, how many doses should be given? If a vaccination series is interrupted, does it need to be restarted or can it simply be resumed without repeating the last dose? The Global Immunization Vision & Strategy 2006-2015 aims to protect more people by expanding beyond the traditional immunization target group. This includes those who may be "off schedule". Regardless of when children and individuals come in contact with immunization services, it is important that their immunization status be checked and that they are provided with the vaccines they need or have missed. To help guide national programmes, WHO has consolidated its recommendations for interrupted and delayed vaccination into one summary table.
Technical Information

COLD CHAIN LOGISTICS TASKFORCE UPDATE: TEMPERATURE MONITORING
30/03/2012 from Osman Mansoor, UNICEF

An essential aspect of managing the cold chain is to ensure that temperatures stay within the recommended range (2-8°C). Now that most vaccines have a Vaccine Vial Monitor (VVM) that detects heat-damage, it is freeze-damage that is the major risk to vaccines. Most new vaccines are freeze-sensitive. Therefore, WHO recommends a freeze-monitor where vaccines are stored, however this has not been implemented. Therefore, the Cold Chain Logistics (CCL) Taskforce is developing guidance on implementing systematic temperature monitoring.

Detecting freeze exposures requires either a continuous temperature recorder or freeze-indicator. In fact, currently the only WHO prequalified temperature monitoring device at service-delivery level is the 30-day temperature recorder (30DTR). Two 30DTRs are WHO-prequalified: the Fridge-Tag and Log-Tag. These devices can also facilitate reporting the past month’s performance with two digits: the number of heat and freeze alarms. The guidance is built on the concept of monthly ‘double-zero reporting’ from every fridge.

The aim is to finalize the implementation guidance by June 2012, and then to validate and improve the guidance by supporting countries in its implementation. Key outcomes for successful implementation of the temperature monitoring system will include implementation feasibility at health facility level and ability to generate valuable information for EPI managers. In addition, the guidance will include advice on how the temperature monitoring data can be used to keep an equipment inventory up-to-date, through the monthly reporting of performance.

Suggestions for a country to implement systematic temperature monitoring, or contribution to the development of the guidance can be sent to Osman Mansoor.

V3P: VISITS TO MOLDOVA AND PHILIPPINES TO ASSESS COUNTRY NEEDS
30/03/2012 from Miloud Kaddar, WHO HQ and Michael Hinsch, International Development Opportunities (IDO)

The Vaccine Product, Price and Procurement (V3P) project has made considerable progress on Work Stream One. This work stream focuses on country needs assessments with regards to vaccine procurement and access to information about product specifications, pricing and procurement modalities. In 2011, several Middle-Income Countries were selected for remote and in-country reviews.

Several in-country visits were conducted during the first quarter of 2012 including Algeria, Congo Republic and Morocco. In February and March 2012, the project team conducted missions to the Philippines and Moldova to assess the setup and challenges of the procurement systems in place, and to collect data about established procedures and requirements pertaining to access to vaccine price information. The visit to Moldova was conducted as a joint mission with a representative from GAVI secretariat, and included the additional objective of gathering and analyzing specific information concerning the co-financing situation, as well as prospects for Moldova to sustain its immunization programme following graduation from GAVI support.

Both visits achieved their objectives; important and useful data was obtained with respect to the challenges both countries face in vaccine procurement and co-financing. Discussions with public health professionals and decision makers from the two countries also triggered noteworthy suggestions regarding the system setup and type of information provided by a potential V3P mechanism, in addition to data directly related to the procurement of vaccines. For example, it was suggested to include linkages to existing prequalification status and pipeline into the mechanism. The project team is currently preparing the mission reports for both country visits, which will include specific recommendations and action plans pertaining to the financing and operations of the two countries’ immunisation programmes, as well as to the improvement of established procurement modalities. In the coming months, the working team plans to conduct additional country visits and reviews. It is expected that the country needs assessments will be completed in August 2012.
Technical Information

DEVELOPING AN OPERATIONAL MECHANISM FOR PARTNER ACTIVITIES IN MIDDLE INCOME COUNTRIES?

30/03/2012 from Miloud Kaddar, WHO HQ and Sarah Schmitt, WHO Consultant

On 12-13 March 2012, WHO EPI hosted a “Meeting of Minds” to discuss how the vaccine community partners can move forward in a practical way to assist Middle Income Countries (MIC) to make evidence-based decisions on the sustainable introduction of new vaccines.

The meeting was attended by representatives from various partners including Bill and Melinda Gates Foundation, Centre for Global Development, London School of Hygiene and Tropical Medicine, GAVI Secretariat, Results for Development (R4D), UNICEF Supply Division, PAHO Revolving fund, WHO Regional Offices (EURO and EMRO), and Bill and Melinda Gates funded projects: AMRO’s ProVac Initiative, WHO/PATH Project OPTIMIZE, Sabin Institute/Sustainable Immunization Financing, Agence de Médecine Préventive’s Supporting National Independent Immunization and Vaccine Advisory Committees (SIVAC) Initiative and WHO V3P Project.

The group discussed some of the findings from their activities and involvement with MIC and GAVI graduating countries, some of the new innovative ideas under consideration and more broadly the reasons and justifications for development and expansion of activities to non-GAVI eligible MIC and GAVI graduating countries.

The group acknowledged the need for operational coordination and facilitation of activities in MIC in order to maximize the potential of these efforts, minimize repetition and overburden on the countries or worse contradict each other, particularly in the current financial crisis and resource-limited environment. WHO is certainly well positioned to play this role. The first activity will be to develop a detailed paper considering some of the practical options for consideration and consultation at the NUVI meeting in Marrakesh, Morocco from 15-17 May 2012. Inputs from the vaccine community will be incorporated into the paper and will be further developed for presentation and consideration by SAGE on 6-8 November 2012. It is anticipated that the strategic considerations and practical options and activities will align and be in synergy with the broader recommendations within the Global Vaccine Action Plan under the Decade of Vaccines.

New Publications

WHO TRAINING MATERIALS FOR ROTAVIRUS VACCINE

These documents are now available on the following link. These seven modules relate to key aspects of rotavirus vaccine introduction. They are intended for use during the training sessions and contain notes for the facilitators to guide them.

REPORT OF THE AD-HOC CONSULTATION ON TYPHOID VACCINE INTRODUCTION AND TYPHOID SURVEILLANCE (WHO/IVB/12.02)

This IVB document is now online. This is a report of the ad-hoc consultation on typhoid vaccine introduction and typhoid surveillance organized by the WHO/HQ/IVR, and this report summarizes the outcome of this consultation. The document presents the discussion and general consensus on the strategies for the introduction of and the choices for available typhoid vaccines. It also presents the issues around surveillance for typhoid and what needs further strengthening. It is an important outcome as it is the first of such consultation involving a broad range of people with diverse background, but all involved in either immunization or communicable diseases control and surveillance, including laboratory experts. It will be an important reference document for future typhoid vaccination programmes.

REPORT ON THE WHO QUANTITATIVE IMMUNIZATION AND VACCINES RELATED RESEARCH (QUIVER) ADVISORY COMMITTEE MEETING (WHO/IVB/12.03)

This IVB document is now online. The report covers the discussion and recommendations from the fifth meeting of the QUIVER advisory committee held on 4-6 October, 2011 in Geneva, Switzerland. QUIVER was set up as a technical committee advising the Strategic Advisory Group of Experts (SAGE) due to increasing demand for the use quantitative methods in evaluating vaccines.

TRAITEMENT PRÉVENTIF INTERMITTENT DU NOURRISSON À LA SULFADOXINE-PYRIMÉTHAMINE (TPIN-SP) POUR LUTTER CONTRE LE PALUDISME EN AFRIQUE: GUIDE DE LA MISE EN ŒUVRE SUR LE TERRAIN (WHO/IVB/11.07F)

This IVB document is now online. Version en français du document WHO/IVB/11.07 (Intermittent Preventive Treatment for Infants Using Sulfadoxine-pyrimethamine (SP-IPTi) for malaria control in Africa : Implementation Field Guide).
WHO PREQUALIFICATION NEWS

NEW VACCINES PREQUALIFIED

Following WHO assessment of the satisfactory completion of actions by BB-NCIPD to improve its quality system and compliance with standards of Good Manufacturing Practice, the temporary suspension of supply through UN procurement agencies of all BB-NCIPD vaccines, introduced on 21 April 2011, has now been lifted. For more information, click on this link.
Country Information by Region

AFRICAN REGION

EXPANDED PROGRAMME ON IMMUNIZATION (EPI) REVIEW IN GHANA
30/03/2012 from Crepin Hilaire Dadjo and Femi Oyewole (WHO/IST West Africa)

An EPI review was successfully conducted in Ghana in March 2012. The exercise involved five teams and covered Ashanti Region, Greater Accra Region, Northern Region, Western Region and a number of National stakeholders. Fourteen people participated in the review from WHO/ HQ, PATH/OPTIMIZE, WHO/IST West Africa, WHO Ghana Office, Mother and Child Integrated Programme (MCHIP) and Ghana Health Services (Ministry of Health).

Some of the strengths identified in the immunization system in Ghana concern the involvement of private providers in vaccination sessions with data accordingly returned to Ghana Health Services. Additionally, some health workers are scheduling immunization hours in the afternoon period to accommodate the special needs of some communities, such as fishermen. However, not all facilities have suitable cold chain or adequate infrastructure for waste management. As the country is benefiting a lot from investment in oil and mining sectors, it is expected that funding for immunization service will receive some additional funding from donors as part of their Corporate Social Responsibility.

There are some best practices other countries could take inspiration from. These include a) some health facilities give priority to men who bring their children for vaccination; b) a member of Parliament has donated a mobile clinic to a low performing area; c) immunizations sessions are occurring in crèches, at the request of the crèche authorities with endorsement by mothers who actually leave children’s vaccination cards in the crèches.

MATERNAL AND NEONATAL TETANUS PRE-VALIDATION EXERCISE IN CAMEROON
30/03/2012 from Belyse Ngum Halmata, UNICEF

A pre validation assessment for Maternal and Neonatal Tetanus (MNT) elimination was held in Cameroon from 13-20 February 2012. This exercise, led by Government, was joined by partners such as WHO and UNICEF from national, regional and global levels. The main purpose of this exercise was to assess if Cameroon is ready for MNT validation survey. Cameroon intensified the MNT elimination initiative through campaigns with tetanus toxoid vaccines in high risk areas. The campaign targeted more than 2.5 million for three round campaigns in 173 districts from 2002–2009 followed by corrective rounds in 43 districts in 2010-2011.

The pre-validation started with review of high risk indicators followed by field visits in four poor performing districts in four regions. The areas selected through data review for field visits were Yokadouma in East, Koza in North, Ndu in North West and Wabane in South West region. The four teams consisting of members from the Ministry of Health (with representatives from the Expanded Programme on Immunization (EPI) and the Maternal and Child Health department), WHO and UNICEF made thorough assessments of EPI programme planning and performance, service delivery, cold chain and logistics, surveillance, performance of reproductive health at district and selected health facility levels. The teams conducted rapid community surveys to assess protection against tetanus for mothers and newborns and vaccination status of infants. The desk review and field visit reports concluded that poor performing districts are at low risk for maternal and neonatal tetanus in Cameroon and the country is in a position to claim elimination through validation process. The exercise also identified systems and areas that require improvement for both EPI and reproductive health programmes and made recommendations in presence of the General Secretary of the Ministry of Public Health.
Country Information by Region

AFRICAN REGION

WEST AFRICA: A POOL OF EPI CONSULTANTS TRAINED AND BRIEFED
30/03/2012 from Crépin Hilaire Dadjo and Femi Oyewole, WHO/IST West Africa

The ISTs were established to provide rapid technical support to the countries in their blocks. Due to the number of countries (17 for IST West Africa) and the availability of the IST members to adequately respond to all the requests submitted, it was decided to use consultants. But before their deployment to the field, it was considered vital to brief these consultants.

A pool of 13 experts from the eight following countries Benin, Burkina, Congo, Cote d'Ivoire, Mali, Mauritania, Niger, Senegal and Togo were given a two-day briefing in Ouagadougou (Burkina Faso) from 13-14 March 2012. Facilitators were staff from the Department of Immunization and Vaccine Development (IVD) from IST West Africa.

The briefing was considered urgent and appropriate due to the fact that 2012 has been declared an “emergency year for polio eradication” which necessitates putting in place all resources to ensure that countries achieve the goal of polio eradication.

Areas covered by the briefing include the following components of the Vaccine Preventable Diseases Control: Routine immunization to reduce the number of un/under-immunized children, new vaccines introduction, post-introduction evaluation (PIE), Polio Eradication Initiative (PEI) including current status of the polio eradication efforts, Acute Flaccid Paralysis (AFP) surveillance, Independent Monitoring of Supplemental Immunization activities. All these were discussed within the context of the regional Strategy for integrated surveillance and response.

IST West Africa is expecting that the setting up of this roster of consultants in West Africa will give a push to countries in West Africa to meet the MDG4, of which vaccination is one of the strategies promoted.

AMP AND CAT TEAM UP TO IMPROVE ENTERIC DISEASE SURVEILLANCE IN SUB-SAHARAN AFRICA
30/03/2012 from Leah Harvey, Coalition against Typhoid (CaT), and Sabrina Gaber, Agence de Médecine Préventive (AMP)

The Agence de Médecine Préventive (AMP) has recently joined the Coalition against Typhoid (CaT), a global forum of scientists and immunization experts working to save lives and reduce suffering by advancing typhoid vaccination in high burden communities. Together, AMP and CaT are working to expand and improve enteric disease surveillance in sub-Saharan Africa and build the evidence base for enteric disease prevention and control.

AMP launched the Africhol project, funded by the Bill & Melinda Gates Foundation, in 2009. Africhol is a multi-site cholera surveillance network that aims to provide evidence that can help decision makers determine the most appropriate cholera prevention and control measures, including vaccination. Likewise, the Typhoid Surveillance in sub-Saharan Africa Project (TSAP), led by the International Vaccine Institute (IVI), another CaT member, has developed a network of surveillance sites to generate standardized data on the burden of typhoid and paratyphoid fever in the region. Since the launch of the project, Africhol continues to make strides in participating countries. In Guinea, the project is collecting stool samples and working with local authorities to develop rapid diagnostic techniques that can be used in isolated areas (using mobile laboratories, for example). In the Democratic Republic of Congo (DRC), Africhol supports the National Institute for Biomedical Research (Institut National de Recherche Biomédicale, INRB) in the laboratory confirmation of suspected cases using standardized protocols and training, something they did not do previously. Over in Uganda, Africhol played a key role in supporting national outbreak investigations (four in 2011) and quickly setting up reliable surveillance.

The data generated from these two projects will be used to inform policy and contribute to enteric disease control and prevention in sub-Saharan Africa.
Country Information by Region

AFRICAN REGION

EXPANDED PROGRAMME ON IMMUNIZATION (EPI) MANAGERS IN EAST AND SOUTHERN AFRICAN TO OPERATE IN “EMERGENCY MODE” TO END POLIO – MEETING TOLD

30/03/2012 from Zora Machekanyanga, WHO IST East and South Africa

WHO Inter-country Support Team for East and Southern Africa (WHO/IST/ESA) in partnership with UNICEF Eastern and Southern Africa Regional Office (ESARO) convened a two day EPI Managers’ Meeting in Harare, Zimbabwe from 5-6 March 2012, to discuss current EPI achievements and challenges in the sub region.

The participants were informed that all countries were to operate in “Emergency Mode” to ensure the interruption of wild polio virus transmission by end of 2012 in the sub-region. In this regard the meeting focussed on the progress made in polio eradication in ESA and discussed innovations for interrupting transmission of polio. The meeting emphasized on addressing the reduction of the large number of unimmunized children in some countries in ESA, as well as challenges being faced by countries in disease surveillance. While all countries in the sub region have introduced Hib and HepB vaccines into their routine immunization schedule, a significant number were planning to introduce PCV and Rotavirus vaccines as of 2012.

The major outcome of the meeting were the 19 recommendations agreed upon in all the key areas of EPI – Polio Eradication, Accelerated Disease Control, Routine Immunization, New Vaccines, Data Management, Logistics and Social Mobilization.

The meeting was attended by 150 participants drawn from the various Ministries of Health, WHO, UNICEF, MCHIP, CDC, GAVI, Bill Melinda Gates Foundation, Rotary International, Clinton Health Access Initiative, PATH, Sabin Vaccine Institute and American Red Cross.

EXTERNAL REVIEWS OF IMMUNIZATION PROGRAMMES COMBINED WITH VACCINATION COVERAGE SURVEYS IN THE DEMOCRATIC REPUBLIC OF CONGO (DRC) AND CHAD

30/03/2012 from Auguste Ambendet, WHO IST/Central

The Immunization and Vaccines Development (IVD) team of the Intercountry Support Team (IST) Central coordinated during the period 12-20 March 2012 the preparatory work for the activities mentioned above. This included a briefing of external evaluators, the finalization of the data collection tools and the testing of questionnaires, and the selection of survey areas.

The questionnaires selected, previously used by AFRO in Liberia, were adapted to the specificities of the country. In DRC, the survey covers 11 provinces, 27 Expanded Programme on Immunization (EPI) antennas, 54 health zones selected on the basis of pre-defined criteria. The choice of health areas is done locally. The field survey is conducted by 6 external evaluators recruited at the international level, 15 coming from Schools of Public Health in Bukavu, Kananga, Kinshasa, Lubumbashi and 15 from the Ministry of Health (MoH). The data processing is done by the National Institute of Statistics, in collaboration with EPI and WHO. The immunization coverage survey is conducted by the School of Public Health in Kinshasa. The US Centre for Diseases Control and Prevention, the Maternal and Child Health Integrated Programme (MCHIP), the Sabin Vaccine Institute, UNICEF and WHO are involved in both activities.
Country Information by Region

AFRICAN REGION

FIRST MEETING OF THE WORKING GROUP ON IMMUNIZATION (WGI) IN CENTRAL AND WEST AFRICA
30/03/2012 from Auguste Ambendet, WHO IST/Central

Libreville hosted the first meeting of the WGI in 2012 on 20-21 March 2012. The overall objective of the meeting was to revitalize the Sub-regional Working group (SRWG) so that it can play its role in supporting countries in the context of new issues and challenges of immunization in the two sub regions. Representatives from the Agence de Médecine Préventive (AMP), the GAVI Secretariat, the Economic Community of Central African States (ECCAS), the Sabin Vaccine Institute, UNICEF West and Central Africa Regional Office, WHO: IVD/AFRO and ISTs West and Central attended the meeting.

After two days of work, the main results and conclusions focused on the following critical points:
The Terms Of Reference of the WGI were revised and adopted; Name change: the Sub Regional Working Group (SRWG) becomes the Working Group on Immunization (WGI) in Central and West Africa; Affirmation of the advisory role of the WGI; Its expanded role taking into account current issues: the global initiative to eradicate polio and other initiatives to control vaccine-preventable diseases; The Chairman of the WGI will be assisted by a Vice-President. Members of the WGI unanimously proposed that WGI Sabin Vaccine Institute is Vice-Chair for 2012. The draft programme of work for 2012 was discussed and adopted.

AFRO WORKSHOPS ON SURVEILLANCE FOR DISEASES TARGETED BY NEW VACCINES
30/03/2012 from Jason Mwenda Mathiu, WHO AFRO

AFRO organized specific training workshops targeted at Immunization and Vaccines Development (IVD) Focal Points and Data Managers at the Intercountry Support Team (IST) and country offices as part of the regional efforts to improve the quality of sentinel surveillance for rotavirus and Invasive Bacterial Disease (IBD).

One-day workshops were held as part of the annual EPI Managers meeting as follows: 24 February 2012 in Doula, Cameroon; 2 March 2012 in Grand Bassam, Cote d’Ivoire and 8 March 2012 in Harare, Zimbabwe.

The workshop aimed at increasing understanding and use standardized sentinel surveillance guidelines and tools as well as new vaccines surveillance data management module. The expected outcomes from these workshops were the orientation/training provided to IVD Focal Points on the technical guidelines including data management for diseases targeted by new vaccines to enhance data quality, timelines of reporting and data sharing; the performance of the sentinel surveillance reviewed and gaps identified; practical ways to overcome challenges, sustain progress and strengthen the performance of diseases targeted surveillance discussed and adopted; and the consensus reached on roles and responsibilities of the EPI Focal persons including in strong support for new vaccines surveillance in their respective countries.

MENINGOCOCCAL DISEASE: SITUATION IN THE AFRICAN MENINGITIS BELT
30/03/2012 from Hayatee Hasan, WHO HQ

From 1 January-11 March 2012 (epidemiologic week 10), outbreaks of meningococcal disease have been reported in 15 districts in Benin, Burkina Faso, Chad, Côte d’Ivoire and Ghana. These outbreaks have been detected as part of the enhanced surveillance in the African Meningitis Belt conducted in 14 countries where a total of 6 685 suspected meningitis cases including 639 deaths have been reported […]. The full text is available on this page.
Over 275,000 (not 500,000) women die annually from cervical cancer worldwide. In the Americas, the Caribbean sub-region has the fourth highest cervical cancer incidence in the world. Achieving high coverage of secondary preventive strategies, such as cytology, to detect precancerous lesions in women has proved challenging in Latin America and Caribbean (LAC). A safe and efficacious vaccine to prevent the sexually transmitted human papillomavirus (HPV) infection, a leading cause of cervical cancer in women, is now licensed for use in young girls.

With the availability of primary and secondary preventive strategies to control cervical cancer, countries in the Americas are looking to evaluate how best to combine these strategies to attain optimal impact. To that end, PAHO’s ProVac Initiative has been developing a cost-effectiveness model to evaluate the relative costs and benefits of introducing HPV vaccination and optimizing screening strategies. This model will allow country study teams to evaluate the incremental cost-effectiveness of introducing the HPV vaccine among adolescent girls in combination with adopting new screening technology or addressing inefficiencies of current screening practices among adult women.

PAHO’s ProVac Initiative has trained over 200 immunization professionals in the Region on basic health economic concepts, evidence-based decision making, and the use of economic models to inform national immunization policy. The new cost-effectiveness model under development will bring more actors to the immunization policy discussion, including cervical cancer programme managers, reproductive health professionals, among others. In order to further share the model and provide a basic foundation for the use of health economics in the context of evidence-based decision making, PAHO’s ProVac Initiative will hold a three-day workshop in Bogota, Colombia at the beginning of November with the expected participation of the majority of the countries in the Region.
Country Information by Region

AMERICAS

PROVAC EXPERIENCE-SHARING WORKSHOP: COST-EFFECTIVENESS ANALYSES OF CERVICAL CANCER PREVENTION AND CONTROL STRATEGIES
30/03/2012 from Barbara Jáuregui, Cara Janusz and Gabriela Felix, WHO PAHO

On 22-23 March 2012, the Pan American Health Organization’s (PAHO) ProVac Initiative held an “experience sharing workshop” on the use of the CERVIVAC model (a ProVac tool for cost-effectiveness analysis of the Human Papillomavirus (HPV) vaccine and cervical cancer screening strategies), in Buenos Aires, Argentina. Eight country teams, comprised of EPI managers, cervical cancer programme managers, PAHO Immunization focal points, health economists and other professionals, participated in the meeting. Country teams from Costa Rica, Ecuador, Nicaragua and Uruguay are initiating ProVac cost-effectiveness analysis (CEAs) on integrated approaches to prevent cervical cancer. Country teams from Argentina, Bolivia, Jamaica and Paraguay that have already commenced their studies presented preliminary conclusions from the data collection process and continued work on their analyses. Throughout the workshop, all countries present were able to share their experiences with the use of the model, and discuss and clarify any questions or uncertainties that have arisen with the tool.

The basic concepts of the CERVIVAC model were demonstrated as well as the different model components. Following the demonstration, each of the countries that were in the process of finalizing their studies shared their experience and lessons learned during the data gathering process. Country presentations were then followed by parallel working sessions. In the group of countries initiating studies participants discussed possible data sources and identified external sectors and actors to be consulted. In the other group, country teams revised their populated models and addressed methodological questions and challenges related to model inputs.

Presentations explained approaches for interpreting, contextualizing and presenting model results to decision-makers as well as giving participants a brief training on scenario analysis and explain why such secondary analysis was necessary for communicating robust and reliable results. A brief overview of the available evidence for key vaccine-related model parameters was also provided. Country teams finished by presenting the next steps and potential research questions to be addressed in scenario analysis. In the coming months, the ProVac Initiative will be accompanying each country team with technical support to finalize a technical report and present findings to National Immunization Technical Advisory Bodies (NITAGs) or relevant national authorities to support evidence-based decision-making around cervical cancer prevention and control policies. It is expected that each country team will draft a scientific article on their findings to contribute to the regional evidence base on HPV.

REVIEW OF THE CURRENT WHOOPING COUGH SITUATION IN THE AMERICAS, BUENOS AIRES, 22 MARCH 2012
30/03/2012 from Gloria Rey, Dr Mauricio Landaverde and Dr Cuauhtémoc Ruiz Matus

Senior Advisor, Dr Cuauhtémoc Ruiz Matus and Regional Advisor, Dr Mauricio Landaverde of PAHO’s Comprehensive Family Immunization Project, along with select participants of Latin American countries conducted a review of the current situation of whooping cough and of the strategies recently implemented in some of the countries of the Region in order to mitigate the outbreaks and the case-fatality of this vaccine-preventable disease.

It was shown that whooping cough is one of the vaccine-preventable diseases that need to join forces to improve epidemiological surveillance and confirmation of cases by the laboratory. The countries have introduced different strategies of vaccination for its control, reaching national coverage that seldom exceeds 90% within the target population. This includes the vaccination of children under one year, adolescents, pregnant women and “cocoon strategy”, which should be duly evaluated in order to determine its true impact on the reduction of morbidity and mortality. As a result, this will make it possible for these experiences to help with the decision-making of the countries in this Region that have not yet introduced the vaccines, as well as the other regions of the world.

Since heterogeneity exists in the way the countries are carrying out the confirmation of the cases, it was recommended that PAHO review and update the protocol of epidemiological surveillance, which will define the methods for confirming cases, help with resources to hold training workshops and working toward standardized laboratory test employed in the Region.
Country Information by Region

AMERICAS

LESSONS LEARNED WITH THE INTRODUCTION OF PNEUMOCOCCAL CONJUGATE VACCINE (PCV) IN LATIN-AMERICA AND THE CARIBBEAN (LAC)
30/03/2012 from Lúcia de Oliveira and Alvaro Whittembury Vlášica, WHO PAHO

On 20-21 March 2012, PAHO immunization project conducted a workshop in Buenos Aires, Argentina to identify lessons learned from the introduction of the pneumococcal conjugate vaccine (PCV) in Latin America and the Caribbean (LAC). Some of the meeting objectives were to share experiences between countries with different scenarios and vaccination schedules as well as to identify the strengths, opportunities and problems that arose in the logistic and operational process of the PCV introduction. The workshop also discussed the critical aspects of the PCV introduction in order to support the introduction process in other countries of the Region and other WHO Regions.

The workshop consisted of three phases. The first phase included a presentation that summarized the global vision of the PCV introduction as well as the progress achieved in the Regions. Dr Carsten Mantel from WHO HQ/IVB, Ms Lúcia de Oliveira from PAHO, as well as EPI representatives from Argentina, Barbados, Brazil, Colombia, Honduras, Paraguay, and Perú presented on this topic. During the second phase, countries were divided into five groups, which discussed one of the following lessons learned: decision making, vaccination schedule, interchangeability and the calculation of the number of doses for the year of PCV introduction. The Caribbean group discussed all themes. The last phase of the workshop contained the presentation and justification of the lessons learned identified by each group. The discussion and conclusion of the meeting were conducted by Dr Cuauhtémoc Ruiz Matus, Senior Advisor of the Comprehensive Family Immunization Project. The main aspects and results of the workshop will be included in a technical document that will be published and distributed by PAHO to its Member Countries.

EUROPEAN REGION

NATIONAL IMMUNIZATION PROGRAMME REVIEW, UKRAINE
30/03/2012 from Robb Butler and Robin Biellik, WHO EURO

Ukraine, the second largest country in the European Region, is a lower middle-income country of 46 million inhabitants. An external review of Ukraine’s National Immunization Programme (NIP) was conducted from 26 February-7 March 2012 with support from WHO headquarters, WHO Regional Office for Europe and Country Offices, UNICEF Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) and Country Offices, Bill & Melinda Gates Foundation, European Centre for Disease Control (ECDC), US Agency for International Development (USAID) and US Centers for Disease Control and Prevention (CDC).

Four teams of international and national experts conducted extensive interviews and observations at the national level and in three of the country’s 27 provinces – Kharkiv, Lviv and Odesa. They visited provincial health administrations, vaccine stores and health facilities at provincial, district and sub-district levels. The strengths and weaknesses of all NIP components were evaluated in depth and detailed recommendations were presented to the Deputy Minister of Health on 6 March 2012. Despite having sufficient well-trained and highly dedicated staff at all levels, the performance of Ukraine’s NIP has declined in the recent years. Routine vaccination coverage has declined to the lowest levels in the European Region and the current measles outbreak will likely peak in May-June this year, coinciding with the Union of European Football Associations (UEFA) European Football Championship when many young fans will travel to Ukraine and Poland. Ukraine is currently categorized at the highest polio risk level, due to low coverage.

The reasons for this situation are multi-factorial but include major vaccine stock-outs during the past three years, the excessive application of vaccine contraindications, the suspension of vaccination services during epidemics such as influenza, the practice of quarantining vaccine batches whenever an Adverse Events Following Immunization (AEFI) is reported and a severe decline in public and professional confidence in vaccines and vaccination. Health reforms currently in progress may serve to mitigate part of the observed decline in the long-term, but much greater attention must be paid to raising routine coverage and responding to outbreaks in the short-term.
Country Information by Region

EUROPEAN REGION

UNICEF SUPPORTS COMMUNICATION IN THREE COUNTRIES FOR SUCCESSFUL ROTAVIRUS VACCINE INTRODUCTION

30/03/2012 from UNICEF Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS)

Armenia, Georgia and Moldova will be introducing rotavirus vaccine (RV) this year through GAVI support. Understanding the perceptions of the general public and medical professionals, and conducting behaviour change communication to promote routine immunization using the opportunity of the new vaccine; carry utmost importance in view of the decreasing public trust to immunization in the region. Therefore UNICEF proposed to countries to go through a process encompassing the following steps: mapping stakeholder groups; approaching key groups to identify their knowledge, perceptions, concerns, needs and behaviours about routine immunization and diarrhoeal diseases through qualitative research; developing a communication strategy for RV introduction based on the outcomes of the research that is acceptable, inclusive, responsive, and tailored to segmented audiences; implementing the communication strategy and monitoring outcomes, documenting lessons learned to guide other countries and similar future interventions.

The reference document to build the process on has been the 'Communication Framework for New Vaccines and Child Survival', developed by UNICEF New York in collaboration with partner agencies.

During the Regional Workshop on Preparedness for Introduction of Rotavirus Vaccines 31 January-1 February 2012 (reported by WHO in the Global Immunization Newsletter January 2012): immunization programme managers, health communication/promotion units, UNICEF Country Office Health and Communication Specialists and WHO Country Office staff worked together to agree on the proposed approach. Immunization trust issues which occurred in various countries so far were critically reviewed, and a road map for each country was developed considering varying introduction time frames and country circumstances.

Several features of this approach are expected to create a difference and contribute to building sustainable national capacities: The initiative aims at engaging the government counterparts and building their capacity rather than being a partner agency-driven project; The process has already constructed a working relationship between Ministry of Health (MoH) units dealing with immunization and health communication/promotion. This collaboration will be encouraged to expand to routine immunization communication, crisis management and promotion of other upcoming new vaccines like PCV; Approaching challenging population groups during the qualitative research and providing them space to voice their concerns, is expected to help building a lasting relationship with them to increase their buy-in, ownership and engagement in immunization; Focal points from the three countries remained in a common loop during the planning, exchange of information and technical guidance therefore countries had the opportunity to build on the experience of one another.

For more information, please contact Sharad Agarwal or Oya Zeren Afsar in UNICEF CEE/CIS.
Her Royal Highness Princess Mathilde of Belgium, WHO’s Special Representative for Immunization, will visit Albania from 28-30 March 2012 to meet with and advocate for frontline health care workers. As a WHO Special Representative, Princess Mathilde is committed to raising awareness about the critical role health care workers play in any national immunization programme. Despite the wealth of information available on childhood immunization, frontline health professionals remain the source most trusted by parents.

Prior to her visit, Princess Mathilde said, “It is so vital for health workers to actively support and motivate parents to vaccinate our future generations. But in turn we must give health workers the support they need to do this effectively.” During her visit to Albania, Princess Mathilde will have the opportunity to meet with health workers, visit primary and community health centres, hold a roundtable discussion with frontline health workers and visit a school to learn more about school-based vaccination and outreach through the education sector. Her visit will also include meetings with health care decision-makers and senior dignitaries.

Ms Zsuzsanna Jakab, WHO Regional Director for Europe, has praised Princess Mathilde’s commitment to health care workers, which will raise awareness of their importance and call attention to their needs. Additionally, this year’s European Immunization Week will focus on and emphasize the vital role of health workers in conducting national immunization programmes and will encourage decision-makers in participating countries to increase their support for these workers.

**WESTERN PACIFIC REGION**

**HANDS-ON TRAINING COURSE TO IMPLEMENT THE REAL TIME POLYMERASE CHAIN REACTION (PCR) TECHNIQUES FOR RAPID DETECTION AND CHARACTERIZATION OF POLIOVIRUSES**

30/03/2012 from Youngmee Jee, Expanded Programme on Immunization, WHO WPRO

The polio network laboratories in the Western Pacific Region except China introduced the new algorithm for virus isolation and intratypic differentiation (ITD) and vaccine-derived poliovirus (VDPV) screening during 2009-2010 following the recommendations of the WHO global polio laboratory network. After experiencing wild polio type 1 outbreak in Xinjiang province in 2011, China decided to introduce the real time PCR for ITD of polioviruses and VDPV and the new algorithm for virus isolation. China Centres for Diseases Control and Prevention (CDC) organized hands-on training workshop during 5-16 March 2012 for 24 provincial laboratories to introduce the real time PCR for ITD and VDPV screening. Eleven laboratory staff from provincial laboratories participated in the training for the first week. Provincial laboratory staff from Shanxi, Hunan, Heilongjiang, Guizhou, Shandong, Henan, Guangxi, Zhejiang, Hebei, Anhui and Gansu CDC participated for the first week. For the second week, provincial laboratory staff from Beijing, Fujian, Gansu, Guangdong, Jiangsu, Jilin, Jinaxi, Shanghai, Sichuan, Tianjin, Xinjiangm Shaanxi and Yunnan participated in the workshop. Four facilitators from US CDC, WHO HQ and WPRO participated in the training during 9-16 March 2012. During the workshop, implementation steps following the workshop were discussed and will be completed by August 2012. The third round of a week-long hands-on course to train remaining provincial laboratories will be organized by China CDC in April or May 2012.
Country Information by Region

WESTERN PACIFIC REGION

CHINA MARCH POLIO SUPPLEMENTARY IMMUNIZATION ACTIVITIES
30/03/2012 from Sigrun Roesel, Expanded Programme on Immunization, WHO WPRO

China has conducted another large-scale supplementary immunization activity (SIA) from 17-23 March 2012 in the Xinjiang Uyghur Autonomous Region to fully stop the 2011 polio outbreak following wild poliovirus importation from Pakistan. Children under 15 years in the whole province and adults under 40 years in the five southern prefectures (Aksu, Bazhou, Hotan, Kashgar and Kezhou) were targeted with monovalent oral polio vaccine (mOPV). It was the fourth vaccination round for children and the third for adults since the outbreak was notified on 26 August 2011.

Also this SIA was again spearheaded by Minister of Health Dr Chen Zhou who conducted a motivation video conference with local leaders in the region’s capital Urumqi and inspected preparations in kindergartens, hospitals and local-level disease control centres in Kashgar. Dr Chen Zhu emphasized how high quality of the March and April 2012 mOPV campaigns are critical to completely interrupt the transmission of wild poliovirus transmission and re-gain polio-free status, that high quality of supervision should continue and acute flaccid paralysis (AFP) surveillance must be further enhanced for timely case detection.

The number of reported polio cases remains the same at a total of 21 (13 polio cases from Hotan, six from Kashgar and one each from Aksu and Bazhou). Ten cases were in children under three years of age and 11 cases were in adults (19-53 years old). Two of the polio cases have died.

WHO ASSESSMENT OF SUB-NATIONAL MEASLES/RUBELLA LABORATORY IN PASTEUR INSTITUTE NHA TRANG AND ACCREDITATION VISIT TO EPI LABORATORIES IN VIETNAM
30/03/2012 from Youngmee Jee, Expanded Programme on Immunization, WHO WPRO

The Pasteur Institute in Nha Trang was assessed from 14-23 March 2012 by WHO and WHO national measles laboratory in the National Institute of Hygiene and Epidemiology, Hanoi for possible designation as a sub-national measles and rubella laboratory in Vietnam to test measles/rubella samples in Central Region in Vietnam. Based on the assessment, the Pasteur Institute in Nha Trang will function as a subnational measles/rubella laboratory to conduct serological testing of samples from 11 Central provinces in Vietnam. Further collaboration with this laboratory would contribute to timely sharing of measles and rubella laboratory data in the Central region of Vietnam. The WHO national polio, measles/rubella and Japanese encephalitis laboratories in National Institute of Hygiene and Epidemiology, Hanoi and the Pasteur Institute, Ho Chi Minh City were reviewed and fully accredited for 2012 based on on-site assessment.
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<td>Strategic Advisory Group of Experts (SAGE) on immunization</td>
<td>10-Apr</td>
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<tr>
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<td>PAHO Vaccination Week</td>
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<tr>
<td>GAVI East and Southern Africa Sub-regional Working Group Meeting</td>
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<td>European Immunization Week</td>
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<td>EURO Rotavirus surveillance sub-regional meeting</td>
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<td>Task Force on Immunization in Africa (TFI) meeting</td>
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<td>AFRO Regional consultation on cervical cancer prevention and control</td>
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<tr>
<td>Global Advisory Committee on Vaccine Safety meeting (GACVS)</td>
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<tr>
<td>SEARO High-Level Meeting of Secretaries of Health on 2012 Intensification of Routine Immunization in the South-East Asia Region</td>
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<td>Regional review workshop on rotavirus and VP-IBDs surveillance</td>
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<td>SEARO Expanded Programme on Immunization Managers Meeting</td>
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<tr>
<td>SEARO Regional Working Group Meeting on GAVI supported activities and Health System Strengthening</td>
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<tr>
<td>Global Measles &amp; Rubella LabNet Meeting</td>
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<td>20th Meeting of the Technical Advisory Group on Immunization &amp; Vaccine Preventable Diseases</td>
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<td>EURO Regional GAVI Working Group meeting</td>
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<td>EURO Invasive Bacterial Disease (IBD) surveillance sub-regional meeting</td>
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## Regional Meetings & Key Events Related to Immunization

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<td>European Technical Advisory Group of Experts on Immunization (ETAGE)</td>
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<td>Global Invasive Bacterial Disease (IBD) Surveillance meeting</td>
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<td>Strategic Advisory Group of Experts (SAGE) on Immunization</td>
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<tr>
<td>19th Task Force on Immunization (TFI) &amp; 18th ARICC/ARCI Meetings</td>
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<td>Pre-GACVS meeting, Global Advisory Committee on Vaccine Safety (GACVS) meeting</td>
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- Immunization Financing
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- 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

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

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

### Global Websites
- International Vaccine Access Center
- American Red Cross Child Survival
- PAHO ProVac Initiative
- NUVI Website
- Gardasil Access Program
- Maternal and Child Health Integrated Program (MCHIP)