Commentary: Reaching everyone, everywhere with life-saving vaccines

Hayatee Hasan, WHO Headquarters

In 2015, world leaders agreed to a new development plan—a set of Sustainable Development Goals (SDGs) and expanding access to immunization is crucial to achieving the SDGs. Not only do vaccinations prevent the suffering and death associated with infectious diseases, they also help enable national priorities like education and economic development to take hold.

Important progress have been made towards the Global Vaccine Action Plan, endorsed at the World Health Assembly in 2012, including more children being immunized worldwide, more countries are introducing new or underused vaccine, new vaccine against dengue has been licensed in several countries, and the first vaccine to protect children against malaria will be piloted in three African countries in 2018.

Yet major challenges remain. Read the full commentary – by Dr Margaret Chan, Dr Chris Elias, Melinda Gates, Dr Anthony Fauci, Dr Anthony Lake, and Dr Seth Berkley.

Hero vaccinators in northern Syria brave danger to protect children from disease

Hayatee Hasan, WHO Headquarters

This month marks a tragic milestone: six years since the conflict began in the Syrian Arab Republic. This ongoing crisis has led to five million refugees, more than six million internally displaced people and 13.5 million people in need within the country.

A number of WHO partners in the north of the country collectively form what is known as the Syria Immunization Group (SIG), an immunization cluster coordinated by WHO staff in the field office in Gaziantep, Turkey. The work of this group is carried out under what is known as the “whole-of-Syria” approach, which brings together humanitarian actors both within the country and from neighbouring countries to provide access to health services across lines and borders.

Read the full story
Access and resistance of indigenous populations to immunization services in the Republic of Congo
Auguste Ambendet, Fatoumata Binta Tidiane Diallo, Jean-Claude Moussoki, Edouard Ndinga, Barthélémy Ngartonan, WHO Inter-country support team for Central Africa

A study on access and resistance of indigenous populations to immunization services in the Republic of Congo was carried out from 11 to 24 May 2016 in the departments of Likouala and Lékoumou. It aimed to explore the factors that promote access and the causes that determine the resistance of indigenous populations to immunization services. These findings were used to identify the causes of the population’s resistance to vaccination and to analyze the perception of immunization agents and services by the communities.

The study showed that 66.23% of the sample of 2,349 people surveyed were indigenous and 50.15% of Bantus, while in Lekoumou 33.77% were indigenous and 49.85 % were Bantus.

It was found that 74.86% of the indigenous population and 78.07% of the Bantus could state that they know what the vaccine is, what it is used for, and why it is necessary to get vaccinated.

In addition to identifying a range of psychological, social, economic and cultural factors that determine resistance to vaccination, this study also made a number of recommendations: to develop a multisectoral communication plan to address discrimination against indigenous peoples, to promote indigenous education and their involvement in awareness-raising activities for immunization services, to organize outreach campaigns on the benefits and risks of vaccination in order to increase immunization coverage.

Now live – website for World Immunization Week 2017
Hayatee Hasan, WHO Headquarters

World Immunization Week (WIW) – celebrated in the last week of April – aims to raise awareness about the critical importance of full immunization throughout life, and its role in achieving the 2030 Sustainable Development Goals. This year’s theme is #VaccinesWork and as part of the 2017 campaign, WHO and partners aim to:
• Highlight the importance of immunization as a top global health investment priority.
• Promote understanding of the action steps required to achieve the Global Vaccine Action Plan.
• Showcase immunization’s role in sustainable development and global health security.

A campaign toolkit including social media templates and other materials will be available in the coming weeks and posted on the WIW website. The toolkit will describe how partners can engage immunization champions, share messages and promote the campaign. There will also be a digital toolkit for partners to use.

To help partner coordination, WHO has also created 5 daily themes during WIW:
• Monday, 24 April: #VaccinesWork to save lives
• Tuesday, 25 April: #VaccinesWork to fight diseases
• Wednesday, 26 April: #VaccinesWork to leave no one behind
• Thursday, 27 April: #VaccinesWork to build a secure world
• Friday, 28 April: #VaccinesWork. Let’s get to work

Visit the WIW 2017 website
24th April: World Meningitis Day 2017: Trust your instincts

Lucy Swain, The Confederation of Meningitis Organisations (CoMO)

World Meningitis Day is celebrated at the very beginning of Global immunization week, on 24 April each year and aims to raise awareness of the symptoms of meningitis and to promote the uptake of vaccines where available.

This year, the theme is ‘24 Hours – Trust your Instincts’.

- Meningitis is a potentially deadly disease that affects more than one million people worldwide each year
- Meningitis can affect people of all ages and cause death within 24 hours
- Some forms of meningitis are vaccine preventable
- Don’t wait until it threatens the life of someone you care about, learn what to look for and trust your instincts.

World Meningitis Day is a great opportunity for people all over the world to raise their voices against meningitis and in support of immunization. Immunization is a successful and cost effective way to protect the whole population. In fact, currently, available vaccines could prevent more than 90% of cases of bacterial meningitis. Through telling patient stories, sharing campaign resources on social media and holding awareness events, members will be encouraging others to speak to their local healthcare providers to learn which vaccines are available for them.

To support CoMO members in their efforts for World Meningitis Day activities this year, we have created a toolkit with Infographics, Factsheets, Animation Videos and Key graphics, which all explain the importance of vaccines in preventing meningitis. To reach the maximum number of people possible, some of these resources are available in seven languages.

For more information on World Meningitis Day and to see the campaign toolkit, follow this link.

#24HourMeningitis

World Meningitis Day is organised by the Confederation of Meningitis Organisations (CoMO), an international organisation that brings together patient groups, health professionals, key influencers, meningitis survivors and families from more than 25 countries.

World Meningitis Day is celebrated on the 24th April 2017. #24HourMeningitis

Ceremony to introduce MenAfriVacTM takes place in Burkina Faso

Edouard Betsem, Agence de Médecine Préventive (AMP)

On 6 March 2017, an official ceremony took place in Ouagadougou to mark the introduction of the MenAfriVac™ vaccine in Burkina Faso’s routine Expanded Programme on Immunization. The Minister of Health, Professor Nicolas Meda and the technical and financial partners participated in the ceremony at the Health and Social Promotion Center (HSPC) in Dassasgho.

Following an introduction speech by the HSPC manager, a visit to the immunization unit gave each of the partners a chance to administer a dose of the new vaccine to a group of 15-month-old children. They included Professor Nicolas Meda; WHO representative, Dr Alimata Diarra-Nama; UNICEF representative, Dr Anne Vincent; Director of CDC in Burkina Faso, Dr Rebecca Greco Kone; Governor Representative of the Region, Center, Dr Joachim Somda; and AMP Director for Burkina Faso, Dr Edouard Betsem.

During their time at the unit, the team were also able to see the new stamps used to update the immunization records, an initiative supported by AMP and CDC, designed to document the administration of the MenAfriVac™ and RR2 (rubella, measles) vaccines that are administered at the same age to children, and will facilitate future impact studies.
Community insights and social interventions to increase vaccination coverage: new evaluation report
Katrine Bach Habersaat, WHO Regional Office for Europe

In 2013 the WHO/Europe developed the Guide to tailoring immunization programmes (TIP), offering countries a process through which to diagnose barriers and motivators to vaccination in susceptible population groups and design tailored interventions. The potential bottom-line health impact of the TIP approach has been widely recognized in recent years. Insights gained through a structured process of community engagement and social science research, and tailored strategies and interventions based on these insights, may make important in-roads into disease elimination and eradication targets.

To take stock of TIP implementation and health impact, an external committee of six global experts conducted an evaluation in 2016, informed by country assessments, a review of national and regional documents and an online regional survey. The evaluation committee concluded that there is strong demand among immunization programmes in the Region for research to understand enablers and barriers to vaccination.

The interdisciplinary approach, community engagement and qualitative research were among the most important strengths of the TIP approach, enhancing the ability of programmes to listen and gain an understanding of community and individual perspectives. As such, a TIP project can be a means to two ends: building understanding on the side of health authorities, service providers and researchers; building trust and helping to break barriers of misunderstanding in the community.

The emphasis on considering changes to service delivery rather than focusing solely on communication was another highlighted strength of the approach.

A critical aspect is the fact that changing service delivery is generally a slow and often complicated process. Emphasizing that the purpose of TIP should go beyond identification of susceptible groups and diagnosis of barriers to vaccination, the evaluation committee recommended that WHO place emphasis on helping countries translate diagnostics into interventions and start the necessary process of change.

Seeking grey literature on immunization delivery costs in low- and middle-income countries
Kelsey Vaughan, ThinkWell

ThinkWell is embarking on a systematic review of the published and grey literature on the non-vaccine delivery costs of immunization programmes in low- and middle-income countries as part of our Bill & Melinda Gates Foundation-funded Immunization Costing Action Network. We are asking for your contribution.

Do you know of any grey literature that could feed into our systematic review, including in-progress or unpublished research studies, country reports and meeting/conference presentations, among others, written in English, French or Spanish and developed between 1994 and 2017? Please submit materials to us using the link to our secure file sharing site, Egnyte.

We expect to produce:
- A user-friendly unit cost data repository which will grant access to immunization delivery cost evidence. Our repository will be housed on this link. Slice and dice the data to answer cost questions.
- A publicly accessible library of the published and grey literature collected through the review to easily find the references underlying the repository.
- Companion interpretive products such as how-to guides and webinars to help navigate the repository, data visualizations to make quantitative data quickly intuitive, and/or analytical fact sheets and narrative snap-shots to help ensure a deeper understanding of cost variations and cost drivers across different contexts.
- Unit cost benchmarks which will allow to see estimates of the costs per dose, per fully immunized child, per infant in the target population, or per capita across different country contexts, delivery strategies, coverage levels, and platforms for different vaccine schedules and for potential new vaccine introductions.
- Peer-reviewed papers published in open source journals that report our descriptive, gap, and pooled analyses. For more information, contact Kelsey Vaughan.
The poliovirus transmission in Lao People’s Democratic Republic has ceased

Irene Tan, WHO Country Office, Lao People’s Democratic Republic

An Outbreak Response Assessment (OBRA) team from the World Health Organization (WHO), UNICEF and United States Center for Disease Control and Prevention (U.S. CDC) met the officials from the Ministry of Health and presented results of the recent assessment. The OBRA team concluded that improvements in Acute Flaccid Paralysis (AFP) surveillance quality make it unlikely that ongoing circulating Vaccine Derived Poliovirus type 1 (cVDPV1) transmission was missed, allowing to reasonably conclude that the cVDPV1 transmission in Lao People’s Democratic Republic has ceased.

Since 6 October 2015 when the first case of cVDPV1 was officially reported, the Government, supported by partner and donor organizations, conducted ten rounds of national and sub-national supplementary immunization activities (SIA) in 2015/6 to improve population protection against polio virus. As part of response activities AFP surveillance was enhanced to ensure timely detection and monitor the poliovirus transmission. In all eleven cVDPV1 cases were reported from 7 districts of three provinces. The onset of the case was on 11 January 2016.

Three subsequent OBRA reviews followed in January, May and August 2016 which provided recommendations and key requirements to contain the outbreak. This included further strengthening of AFP surveillance, conducting additional rounds of polio SIA while improving the quality of each round. Communications and social mobilization activities were carried out in low performing districts especially those with large ethnic minority population. Efforts were on-going to accelerate the recommended strategies to further close immunity gaps and ensure high sensitivity of AFP surveillance.

Significant progress was observed in microplanning, updated vaccination target lists, cold chain and vaccine storage at all levels, communication and social mobilization.

The country’s immunization programme plans to focus on strengthening the delivery of oral and inactivated polio vaccines through routine immunization services, as well as improving surveillance sensitivity in order to sustain the gains made in polio control. A well-functioning surveillance system is critical to rapidly detect newly emerging VDPVs or wild poliovirus importations.
Past Meetings/Workshops

EPI Management workshop with a focus on analyzing and monitoring administrative coverage and data quality

Marcela Contreras and Martha Velandia, PAHO, Washington DC and Carlos Torres, PAHO Country Office, Venezuela

Location: Caracas, Venezuela
Date: 20-24 February 2017
Participants: Representatives from the Expanded Programme on Immunization from the national and state levels, professionals from the areas of statistics, epidemiology and Situation room at the national level, as well as facilitators from PAHO.

Purpose: Train teams from Venezuela’s immunization programme on using concepts and tools to manage the programme, monitoring indicators to measure the programme’s performance and data quality, applying steps from rapid vaccination coverage monitoring through door-to-door visits, applying the concepts and tools used for the data quality analysis for vaccination coverage and identifying actions to improve the tools to monitor vaccination coverage in Venezuela.

Details: In the first part of the workshop, PAHO and Venezuela worked together to develop technical content related to vaccine-preventable diseases, Venezuela’s vaccination schedule and the main vaccination and epidemiological surveillance strategies to control, eliminate and eradicate immune-preventable diseases.

Various components of the immunization programme were reviewed as part of evaluating the managerial content, with an emphasis on planning and programming by developing practical exercises to calculate and monitor the susceptible population, as well as calculate requirements for vaccines, devices, and other commodities, at various levels.

PAHO’s Immunization Unit and Neglected Diseases Unit have developed a Toolkit for Monitoring the Coverage of Integrated Public Health Interventions, which includes modules on topics including the analysis of administrative coverage, rapid coverage monitoring and the evaluation of data quality, among others. The tools can be applied in an integrated way or individually, facilitating coverage analysis and monitoring for any health programme.

This methodology for analysis was implemented as part of a workshop on management in Venezuela, where approximately 50 EPI professionals from national and state levels, as well as professionals from other areas, including the Institute of Higher Learning “Dr Arnoldo Gabaldón.” During the training workshop, participants used a combined methodology with conceptual presentations, working groups and field visits, where the door-to-door rapid coverage monitoring tools could be applied and data quality evaluations among health establishments could be made.
Hands-on training for the comprehensive analysis of vaccination coverage surveys

Carolina Danovaro, WHO HQ

Location: Kathmandu, Nepal

Date: 21-24 February 2017

Participants: Twenty-five participants from Ministries of Health, National Statistics Offices (NSOs) and research institutes from Cambodia, China, Indonesia, Nepal and Thailand, plus World Health Organization (WHO) officials from South East Asia and the Western Pacific, and a person from WHO Inter-Country Support team for South and East Africa, in addition to the Swiss Tropical Institute and two independent consultants. The facilitators were from WHO, UNICEF and WHO consultants.

Workshop participants

Purpose:
- Understand the recommendations from the 2015 WHO Vaccination Coverage Cluster Survey Reference Manual
- Recognize not only the most common immunization indicators obtained from vaccination coverage surveys, but also other indicators that can provide further insights into the performance of Immunization Programmes
- Use weighting for data analysis, as appropriate
- Adapt and use the "Vaccination Coverage Quality Indicators (VCQI)" tool to analyse existing survey data, and
- Help plan and implement quality Vaccination Coverage Cluster Surveys

Details: The workshop sought to strengthen country capacity to enhance the use of existing survey databases to conduct secondary analyses of interest to immunization programmes. Invited countries – Cambodia, China, Indonesia, Lao PDR (unable to attend), Nepal and Thailand – had recent health surveys (or EPI surveys in the case of China) that reported vaccination coverage estimates. Some of them were used as case studies to emphasize concepts around immunization indicators (basic ones such as vaccination coverage estimates and additional ones) as well as statistical notions related to surveys like accuracy, bias, precision, probability sampling and weighted analysis.

Participants were introduced to the tool VCQI to calculate crude and valid coverage, vaccination drop-outs, timeliness, simultaneity, and missed opportunities for vaccination. Using VCQI outputs from the 2014 Cambodia DHS, 2014 Nepal MICS and 2012 Thailand MICS, participants discussed concepts around immunization indicators, home-based record availability, weighted and unweighted analyses and presented a brief summary of secondary indicators from said surveys proposing actions to better understand the causes of the issues detected and potential solutions to improve EPI performance.

The analytical skills developed during the workshop, along with planned mentoring of participants, will also help promote capacity-building on survey statistics and promote the implementation of quality vaccination coverage surveys implemented in South East Asian and Western Pacific countries of the near future.

Participants’ evaluations were positive for the overall training. Work will continue in order to assist participants when they need to be engaged in survey design and/or analysis and report writing.

The 2015 WHO Vaccination Coverage Cluster Survey Reference Manual is available at this link.
Consultation with Member States of the WHO European Region on the WHO/UNICEF Joint Reporting Form (JRF)

Simarjit Singh, WHO Regional Office for Europe (EURO)

Location: Athens, Greece

Date: 23-24 February 2017

Participants: Participants of the meeting included 67 immunization programme managers and data managers from 36 European Member States. The meeting was also attended by Mr Ioannis Baskozos, General Secretary of Public Health of Greece and member of the Standing Committee of the Regional Committee (a subcommittee of the WHO Regional Committee for Europe) and representatives of the United States Centers for Disease Control and Prevention, the European Centre for Disease Prevention and Control and WHO headquarters.

Purpose: To facilitate discussion on potential improvements to the JRF data collection process, and to identify the technical assistance needed to improve the timeliness and completeness of data collected and reported at country level.

Details: WHO and the United Nations Children's Fund (UNICEF) jointly collect data/information submitted annually by each Member State through the JRF. The data is used to inform national decision-making and track implementation of the European Vaccine Action Plan (EVAP) and Global Vaccine Action Plan (GVAP), which guide immunization strategies at regional and global levels. Annual progress reports are presented to the European Regional Committee and the World Health Assembly respectively and used to provide feedback and support to Member States.

Although the JRF data collection process began in 1998, this was the first region-wide meeting organized by WHO/Europe with the specific objective of identifying ways to improve the JRF reporting mechanism and the quality of data collected.

“WHO’s role is to provide tools and data reporting mechanisms, but also to facilitate discussion on how they can be optimized to serve countries best,” explained Robb Butler, Programme Manager of the vaccine-preventable diseases and immunization (VPI) programme. Outcomes of the meeting included support for introduction of online data submission, and the organization of biannual meetings to continue consultation and dialogue in this area.
**GAPIII Containment Certification Scheme (CCS) Auditor Training**

**Maria Iakovenko**, WHO Regional Office for Europe

**Location:** Copenhagen, Denmark  
**Date:** 6-10 March 2017  
**Participants:** Member States of the European Region planning to keep any poliovirus 2 (PV2) materials for research or vaccine-manufacturing purposes were invited to the training course. Delegates from 11 countries with expertise in auditing of good manufacturing practices, risk management, biosafety management and other areas attended the training, which was one of a series being conducted around the world.

**Purpose:** The poliovirus containment initiative implemented under the GAPIII framework is currently focused on the containment of all PV2 materials either wild or of vaccine origin. In accordance with GAPIII those Member States who designate PEFs on their territories should establish a National Authority for Containment (NAC) that would be responsible for containment certification of poliovirus essential facilities (PEFs) in compliance with the CCS. One of the major functions of an NAC is to conduct initial and further periodic audits of PEFs to ensure their safe and secure operation.

**Details:** PV2 has been declared eradicated worldwide, but is still present in laboratories and vaccine manufacturing facilities across the world. To minimize the risk that the virus could ever re-enter the environment, all countries holding PV2 materials are required to either destroy or safely contain them in accordance with the WHO Global Action Plan to minimize polio vaccine (OPV) use (GAPIII). All facilities planning to hold PV2 in the future must be certified for poliovirus containment in accordance with Containment Certification Scheme (CCS).

Member States of the European Region planning to keep any PV2 materials for research or vaccine-manufacturing purposes were invited to the WHO-organized course. The course focused on:

- the CCS process and mechanism;
- GAPIII requirements for certification;
- auditor and audit team roles and responsibilities;
- audit programme, including practical exercises in:
  - audit preparation;
  - conducting opening and closing meetings;
  - conducting on-site auditing activities;
  - preparing audit findings and conclusions;
  - reporting audit results and follow-up.

The training highlighted the challenges and costs of certifying and permanently monitoring a poliovirus essential facility (PEF) so that each country could carefully weigh the rationale for retaining PV2 materials.
PAHO/WHO collaborates with GAVI to review the achievements and challenges of Guyana’s immunization programme

Janice Woolford, PAHO Guyana

Location: Guyana, South America
Date: 20-23 March 2017
Participants: Dr William Adu-Krow, PWR, and Dr Janice Woolford, Specialist, PAHO/WHO Guyana; Dr Cuauhtemoc Ruiz, Unit Chief of the Comprehensive Family Immunization Unit and Ms Maria Soledad, HSS Advisor, PAHO/WHO WDC; the Honorable First Lady of Guyana, Ms Sandra Granger; Minister within the Ministry of Finance, Mr Jaipaul Sharma and Budget Director of the Ministry of Finance, Ms Sonia Roopnauth.

The Global Alliance for Vaccines and Immunization (GAVI) was represented by the Deputy Chief Executive Officer, Ms Anuradha Gupta, and Mr Homero Hernandez, Senior Country Manager, Latin America and Guyana. UNICEF country representative Ms Sylvie Fouet. Chief Medical Officer, Dr Shamdeo Persaud and Dr Ertenisa Hamilton, MCH Officer (ag) and Mr Glendon Fogenay-Deputy Permanent Secretary, along with nine other staff from the Ministry of Public Health.

Purpose: To review the achievements and current challenges related to coverage and equity of immunization; learn from the country’s experiences from the GAVI transition process and model; explore the short and long term determinants of sustainability for the immunization programme in the wider context of the health sector and country’s development.

Details: A GAVI visit was conducted in collaboration with PAHO/WHO, UNICEF and the Ministry of Public Health. Representatives met with key stakeholders to discuss the achievements and challenges of the immunization programme. Field visits were made to the National Vaccine Cold Room, Aishalton District Health facility, Awarewaunau Health Post and Lethem Regional Hospital in region nine near the Brazil border to review the inequities in the EPI in the remote hinterland region (see picture 1).

Guyana is regarded as one of the high performing countries for GAVI, attaining 95% immunization coverage under two years old since 2001 with the inception of GAVI support. In addition, the EPI received third place in 2014 for the Effective Vaccine Management (EVM) in the Americas and was one of the first countries to take over the financing of new vaccines – pentavalent and rotavirus.

Current challenges include:
- Difficult-to-access communities with a high cost of transportation,
- scattered populations in rural villages,
- lack of communication,
- inadequate cold chain and,
- the high cost of vaccination of one child versus the coastal communities (see picture 2).

Highlights noted that PAHO/WHO is a strong supporter for the EPI and the country needed to go the extra mile to reach the additional 5% of the children who are not vaccinated. Equity in immunization exists in the hinterland versus the coastal communities. The current situation of yellow fever and the strategies necessary for yellow fever prevention were also among the topics discussed.

All partners pledge to continue to support the immunization programme for the country to achieve its goals and objectives.
Workshop on the updated Polio SOPs for Francophone countries

Crepin Hilaire DADJO, Communications Officer, WHO/IST West Africa

Location: Saly/Mbour, Senegal
Date: 21-23 March 2017
Participants: 60 participants in charge of immunization and/or surveillance from the Ministries of Health, WHO and UNICEF Country Offices of the 15 following countries (Angola, Benin, Burundi, Comores, Congo, Cote d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Gabon, Guinea, Guinea Bissau, Madagascar, Mali, Senegal and Togo)

Purpose: To increase the comprehension and ownership by concerned Governments and country teams of the new Polio Standard Operating Procedures (SOPs); to strengthen the capacities of country teams to respond to an event or outbreak according to the said guidelines; to support countries in the drafting or finalizing of their preparedness and response plans to outbreaks based on those SOPs.

Details: The AFRO Region has made tremendous progress towards polio eradication in recent years. Unfortunately, after two years without any notification of polio viruses, in 2016 Nigeria detected four cases of wild polio virus type 1 and two cases of vaccine-derived polioviruses in security-compromised areas in Borno State.

To effectively respond to any polio event and outbreak as recommended by the 68th WHA in May 2015, WHO has issued Standard Operating Procedures based on lessons learnt from the past and which are regularly updated. The polio SOPs workshop was organized from 21-23 March, 2017 in Mbour for the benefit of Francophone countries joined by Angola, Guinea Bissau and Equatorial Guinea. The methodology used included presentations in plenary sessions, role plays and group work with facilitators coming from WHO and UNICEF.

At the end of the 3-day workshop, it was agreed that every country would have finalized and shared its preparedness and response plans by mid-April 2017 and would regularly review the SOPs to ensure optimum readiness in case of any outbreak.

Resources

Change in vaccine vial monitor (VVM) assignment for GlaxoSmithKline Rotarix® product

Anna-Lea Kahn, WHO Headquarters

WHO and UNICEF have released a jointly prepared information bulletin earlier this month: Change in vaccine vial monitor (VVM) assignment for GlaxoSmithKline Rotarix® product. This bulletin addresses the implications and required guidance associated with the upcoming scheduled shift in vaccine vial monitor (VVM) of the GlaxoSmithKline Biologicals SA (GSK) Rotavirus vaccine, Rotarix®, from VVM type 14 (VVM14) to VVM type 7 (VVM7). The information is intended for WHO/UNICEF staff, as well as Expanded Programme for Immunization (EPI) managers or other partner agencies which support immunization programmes.
Updating global vaccine preventable disease surveillance standards
Minal Patel, WHO Headquarters

On 14-15 March 2017, WHO HQ hosted a meeting of more than 20 surveillance specialists to update the WHO–recommended standards for surveillance of selected vaccine-preventable diseases. Since the last update, many new vaccines have been added to the immunization programme, and feedback from stakeholders identified gaps in the old guidance. At the meeting, robust discussion took place on how to structure the new standards, which vaccine-preventable diseases should be included, and what information is necessary to include. Over the coming year, WHO will work with experts in the field to update the standards. Please contact Minal Patel and Adam Cohen for further information.

WHO issues updated tetanus vaccines position paper
Hayatee Hasan, WHO Headquarters

In a revised position paper on tetanus toxoid (TT) vaccines published in the Weekly Epidemiological Record in February 2017, WHO provided updated guidance on vaccination schedules for primary and booster vaccine doses, according to age and population group.

All children worldwide should be immunized against tetanus. Every country should seek to achieve early and timely infant vaccination. Other tetanus prevention efforts are also needed including individual and community education on clean wound care and the importance of following standard surgical protocols in accordance with WHO guidelines.

Read the updated position paper

Sharing information on SDD vaccine refrigeration projects
Dan Brigden, WHO Headquarters

WHO and UNICEF have published a new evidence brief on solar direct-drive (SDD) vaccine refrigerators and freezers. It includes case studies from Tanzania, Colombia and Kenya, as well as an overview of SDD technology and how to make sure that SDD technology is the right choice.

SDD refrigerators and freezers can be a good option for vaccine storage in areas without reliable electricity, and many models are now WHO-prequalified. But with little information on SDD field performance currently available, making a case for investing in this new technology can be problematic. This evidence brief provides supply chain managers in low- and middle-income countries with a summary of how recent SDD projects have performed, highlighting problems encountered and the steps that were taken to resolve them. An overview of how SDD technology works, and how to make sure that SDD technology is the right choice, is also provided.

For those looking for more detailed guidance on how to implement successful solar-powered vaccine refrigerator and freezer systems, the following much longer WHO-UNICEF publication will be of interest: “Introducing solar-powered vaccine refrigerator and freezer systems - A guide for managers in national immunization programmes”

For more information on other SDD projects, please visit the following TechNet-21 forum discussion, which includes contributions from members regarding SDD projects in Somalia, Ethiopia, Malawi, and Rwanda.

To share your thoughts on the evidence brief itself, please see this forum post.
Effective Vaccine Management (EVM) Global Analysis Now Available
Celina M Hanson, UNICEF New York

Global analysis of data from EVM assessments from 2009 to 2015 is now available at this link. An Effective Vaccine Management (EVM) assesses nine criteria of a supply chain at the national, sub-national, the lowest-distribution and service point levels of a supply chain. These nine criteria include (E1) pre-shipment and arrival of vaccines into a country; (E2) storage temperature; (E3) capacity; (E4) buildings, equipment and transport; (E5) maintenance; (E6) stock management; (E7) distribution; (E8) stock management; and (E9) information systems and supportive functions.

The following are key highlights from the analysis:
- A significant number of countries have completed their second assessment in 2015 with 67 countries’ most recent assessments completed in the last three years.
- There are now 46 countries with two EVM assessments and two countries with three EVM assessments since 2009 allowing for measures of progress.
- Supply chain infrastructure continues to be weak at the lowest distribution levels of the system and at the point of service delivery.
- Only 22% of countries have carried out temperature monitoring studies in the past five years and about 30% or less have conducted temperature mapping in cold rooms, yet these were slight improvements compared to previous assessments.
- Almost all vaccine refrigerators comply with WHO specifications.
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<td>Tenth International Conference on Typhoid and Other Invasive Salmonelloses</td>
<td>Kampala, Uganda</td>
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<td>6-7</td>
<td>PAHO Regional Measles Rubella Laboratory Network meeting</td>
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<td>18-21</td>
<td>2nd Meeting of the South-East Asia Regional Verification Commission on Measles Elimination and Rubella/CRS Control (SEA-RVC)</td>
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<td>18-21</td>
<td>Sharing lessons learned on Vaccination Coverage Surveys and defining a survey-related Research agenda</td>
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<td>24-26</td>
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<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
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<td>May</td>
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<td>Capacity building workshop on Data quality review, Immunization information system, data quality improvement and revised survey methodology for 22 remaining Gavi eligible countries (back to back English and French)</td>
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<td>23-25</td>
<td>Training of consultants and partners on the updated WHO strategy to reduce Missed Opportunities for Vaccination (MOVs)</td>
<td>Harare, Zimbabwe</td>
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<td>30-June</td>
<td>IVIR Advisory Committee meeting</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>June</td>
<td>6-7</td>
<td>RITAG Meeting</td>
<td>Brazzaville, Congo</td>
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<td>8-9</td>
<td>Africa Regional Inter-Agency Coordination Committee (ARICC) Meeting with immunization partners</td>
<td>Brazzaville, Congo</td>
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<td></td>
<td>12-16</td>
<td>WPRO Regional Technical Advisory Group meeting</td>
<td>Manila, Philippines</td>
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<td></td>
<td>12-16</td>
<td>SEARO Regional Technical Advisory Group meeting</td>
<td>Delhi, India</td>
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<td></td>
<td>13-23</td>
<td>Capacity building workshop for consultants to support countries on data quality review and Immunization information system including data quality improvement plans (back to back English and French)</td>
<td>Nairobi, Kenya</td>
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<td></td>
<td>20-23</td>
<td>Accelerating Progress towards Measles and Rubella goals</td>
<td>Geneva, Switzerland</td>
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<td></td>
<td>23-24</td>
<td>Fifth Measles Virus mini symposium</td>
<td>Rochester, MN USA</td>
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<td></td>
<td>27-29</td>
<td>Fifteenth Global Measles and Rubella Laboratory Network Meeting</td>
<td>TBD</td>
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<td>July</td>
<td>12-14</td>
<td>Regional Technical Advisory Group meeting</td>
<td>Panama City, Panama</td>
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<tr>
<td>October</td>
<td>16-20</td>
<td>Fifteenth TechNet Conference</td>
<td>Lisbon, Portugal</td>
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<td>17-19</td>
<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
<td>Geneva, Switzerland</td>
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</tbody>
</table>
Links

Organizations and Initiatives

American Red Cross
Child Survival

Agence de Médecine Préventive
Africhol
EpivacPlus
LOGIVAC Project
National Immunization Technical Advisory Groups Resource Center
SIVAC

Centers for Disease Control and Prevention
Polio
Global Vaccines and Immunization

Johns Hopkins
International Vaccine Access Center
VIEW-hub

JSI
IMUNIZATION basics
Immunization Center
Maternal and Child Health Integrated Program (MCHIP)
Publications and Resources
Universal Immunization through Improving Family Health Services (UI-FHS) Project in Ethiopia

PAHO
ProVac Initiative

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

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

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

Newsletters

Immunization Monthly update in the African Region (AFRO)

Immunization Newsletter (PAHO)

The Civil Society Dose (GAVI CSO Constituency)

TechNet Digest

RotaFlash (PATH)

Vaccine Delivery Research Digest (Uni of Washington)

Gavi Programme Bulletin (Gavi)

The Pneumonia Newsletter (Johns Hopkins Bloomberg School of Public Health)