



GLOBAL IMMUNIZATION NEWS

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25 May 2007

TECHNICAL INFORMATION

BCG

25/05/07 from Philippe Duclos, WHO/HQ:

Revised BCG vaccination guidelines for infants at risk for HIV infection: Following a review of relevant data, the Global Advisory Committee on Vaccine Safety (GACVS) has revised its previous recommendations concerning Bacille Calmette-Guérin (BCG) vaccination of children infected with HIV. WHO had previously recommended that in countries with high burden of TB, a single dose of BCG vaccine should be given to all healthy infants as soon as possible after birth, unless the child presented with symptomatic HIV infection. However, recent evidence shows that children who were HIV-infected when vaccinated with BCG at birth, and who later developed AIDS, were at increased risk of developing disseminated BCG disease. Among these children, the benefits of potentially preventing severe TB are outweighed by the risks associated with the use of BCG vaccine.

GACVS therefore advised WHO to change its recommendation such that children who are known to be HIV-infected, even if asymptomatic, should no longer be immunized with BCG vaccine.

SAGE discussed this issue at its April 2007 meeting and agreed that the BCG position paper should be updated to reflect this change and provide guidance to national policy-making bodies, recognizing the complexity of the decision-making process and the lack of information and the necessary infrastructure to perform adequate risk assessment in individual children. SAGE recommended that the guidance statement presented at the meeting be suitably revised, based on the discussion and comments at the meeting and in collaborations with the WHO departments responsible for HIV and Tuberculosis. As a result, revised BCG vaccination guidelines for infants at risk for HIV infection endorsed by SAGE were published in the WER on 25 May 2007, and the full text of the document can be downloaded from the following link: http://www.who.int/entity/immunization/wer8221bcg_May07_position_paper.pdf

CAPACITY BUILDING & TRAINING

25/05/07 from Evariste Mutabaruka, WHO/AFRO:

The following capacity building activities are planned in the African Region for the next six months:

- Consensus Workshop on Integrated Training Package on EPI and Child Health at the Institut Régional de Santé Publique in Ouidah, Benin from 2-6 July 2007.
- Intercountry MLM course for Lusophone countries in Maputo, Mozambique from 20-31 August 2007.
- Regional Vaccinology Course in Douala, Cameroun from 24-28 September 2007.

MEASLES

25/05/07 from Andrei Muchnik, WHO/HQ:

Beating Measles – Outstanding past progress and new challenges in measles mortality reduction were the themes at the World Health Assembly Stand.

The achievement of the 2005 measles mortality reduction goal and the 2010 goal were the central theme of Immunization, Vaccines and Biologicals Department's exhibition "Beating Measles" at the 60th World Health Assembly that took place in Geneva from 14-23 May 2007. The IVB stand focused on measles mortality during three key years, and the increasing number of lives saved due to outstanding progress in measles

control. While 2400 people died as a result of measles every day in 1999, in 2010, deaths per day are expected to number about 220. The next ambitious measles goal – a 90% reduction of measles deaths in 2010 (compared to 2000) – will require strong political commitment and continuing support from international partners. Nearly US\$200 million has been raised, but approximately US\$280 million is still needed to reach this realistic goal.

NEW & UNDER-UTILIZED VACCINE IMPLEMENTATION MEETING

25/05/07 from Patrick Zuber, WHO/HQ:

The meeting on new and under-utilized vaccine implementation (NUVI) will take place on 18-20 June 2007 in Geneva, Switzerland. This year's meeting will propose a new format to discuss a plan of action for the work of WHO on NUVI in collaboration with countries and partners. The meeting will benefit from important participation from country representatives and partners. It will focus on prioritizing WHO activities for the short- and medium-term support of NUVI. For further information, please contact Patrick Zuber (zuberp@who.int)

POLIO

25/05/07 from Sona Bari, WHO/HQ:

Polio Eradication at the World Health Assembly – With indigenous poliovirus surviving in parts of only four countries, Member States at the 60th World Health Assembly (WHA) resolved to step up their efforts to eradicate the virus swiftly and at the same time take steps to minimize the risk of its international spread. In her opening speech to the Assembly, Director-General Dr. Margaret Chan released the *Case for Completing Polio Eradication*, subsequently summarizing its financial and humanitarian benefits at a meeting with the last four endemic countries and broader stakeholders on 17 May 2007.

The WHA resolution entitled "Poliomyelitis: mechanism for management of potential risks to eradication", called for endemic countries to enhance political and local engagement so that polio-affected communities were aware and accepting of vaccination, as well as to step up eradication activities to stop polio as early as possible.

To protect against the international spread of polio, Member States also resolved to review their national immunization recommendations, maintain high routine and supplementary polio immunization coverage, and strengthen active surveillance for the disease. The Assembly decided that among the measures that could be taken in the event of international spread of poliovirus are temporary or standing recommendations under the International Health Regulations (IHR 2005). WHO was requested to resent its technical proposals for minimizing the long-term risks following eradication to next year's WHA.

The Director-General presented the *case for Completing Polio Eradication* to a roomful of stakeholders including polio-affected, polio-free and donor countries. She highlighted the findings of a new study that showed, in her words, "Polio Eradication is your best buy". The *Case* summarizes the financial and humanitarian gains to be made from completing eradication and the ongoing dividends of the highly-developed polio-infrastructure, which forms the foundation for surveillance and response to a raft of other diseases, including measles and avian influenza. Dr. Chan warned that insufficient funding now imperilled the 20-year US\$5.3 billion international effort, the completion of which she called, "A perpetual gift to future generations of children". The *Case* sets the stage for intense resource mobilization activities this summer to fill a US\$540 million funding gap in 2007-08, without which essential polio eradication activities will have to be cut back.

ROTAVIRUS

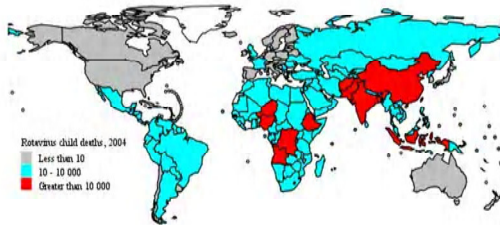
25/05/07 from Duncan Steele, WHO/HQ: PATH's Rotavirus Vaccine Program is working in partnership with both Merck & Co Inc., and GlaxoSmithKline to evaluate the safety and efficacy of their respective rotavirus vaccines in developing countries of Africa and Asia. A multicenter, Phase 3 clinical trial of Merck's RotaTeq® vaccine began in Bangladesh in late March, with enrolment of the study's first infant at the International Center for Diarrhoeal Disease Research, Bangladesh. A study site in Ghana initiated enrolment in April, and the trial is set to be underway in Mali, Kenya and Vietnam in coming months. Rotarix® vaccine, developed by GSK, is undergoing phase 3 clinical studies in South Africa and Malawi, and a safety trial in HIV-positive infants is ongoing with this vaccine.

25/05/07 from Tony Burton, WHO/HQ:

Estimated rotavirus deaths for children under five years of age: 2004, 527,000

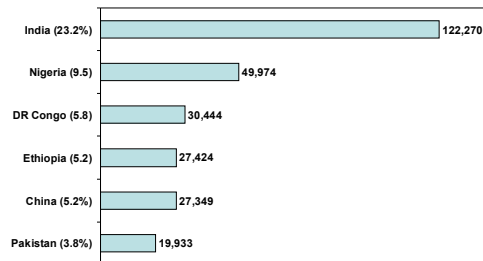
As of 31 March 2006, the World Health Organization estimates that globally, 527,000 (475,000 – 580,000) child deaths occurred during 2004 due to rotavirus infection.

527 000 child deaths attributable to rota virus infection, 2007



Number (and percent of global total) child rotavirus deaths by country: global total = 527 000

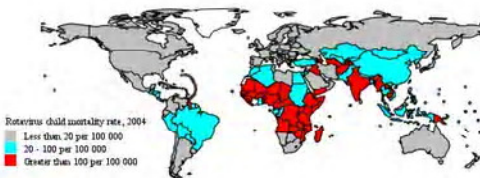
Six countries account for more than 50% of all child rotavirus deaths



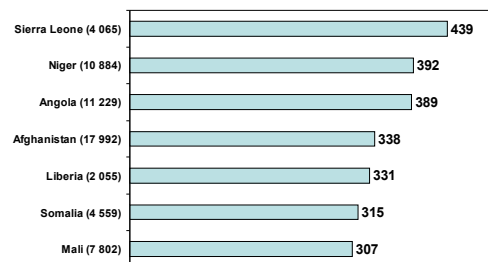
Twenty-three percent of all rotavirus deaths under five years of age occurred in India. Six countries (China, DR Congo, Ethiopia, India, Nigeria and Pakistan) accounted for more than half of all rota deaths under age five in 2004.

Globally, these 527,000 child rotavirus deaths accounted for approximately 5% of all child deaths and the cause-specific mortality rate (rotavirus deaths under age five per 100,000 population under age five) was 86.

Child rotavirus deaths per 100 000 population under five years of age, 2004



Rotavirus deaths under five years of age per 100 000 population under five (and number of deaths) by country: 7 countries have cause specific mortality rates greater than 300 per 100 000



National cause-specific mortality rates ranged from 439 (Sierra Leone) to less than 1 (50 countries). Seven countries – Afghanistan, Angola, Liberia, Mali, Niger, Sierra Leone and Somalia – had an under five rotavirus mortality rate of greater than 300.

Further information on the WHO rotavirus child mortality estimates is available at:

http://www.who.int/immunization_monitoring/burden/rotavirus_estimates/en/index.html

For additional information on WHO's rotavirus activities, see:

http://www.who.int/topics/rotavirus_infections/en/

Rotavirus surveillance and vaccine introduction in the Americas can be found at:

<http://www.paho.org/english/ad/fch/im/Rotavirus.htm>

The RotaVirus Vaccine Program affiliated with the Program for Appropriate Technology for Health (PATH) web site is:

<http://www.rotavirusvaccine.org/>

SAGE MEETING – APRIL 2007

25/05/07 from Philippe Duclos, WHO/HQ: The Strategic Advisory Group of Experts (SAGE) on Immunization met on 17-18 April 2007 in Geneva, Switzerland. Excerpts from the published recommendations and conclusions are highlighted below.

Report from the Department of Immunization, Vaccines & Biologicals: Since the November 2006 SAGE meeting, WHO vaccine position papers were published on *Haemophilus influenzae type B* (Hib) vaccines (November 2006), mumps vaccines (February 2007) and pneumococcal conjugate vaccines (March 2007). A position paper on the use of rotavirus vaccines is currently under development for publication in August 2007.

The slow pace of progress towards the GIVS strategy was highlighted and the need for sustained focus and resources in countries with large numbers of unvaccinated children. Strategies such as Child Health Days (CHDs) are beneficial to overcome health system constraints.

Report of external review of immunization advisory committees: SAGE was presented with the report of the independent review team that examined the advisory committees of WHO's IVB Department. The team's objectives were to review the relevance, roles and workings of existing IVB-related advisory committees and to make recommendations on the composition, terms of reference, linkages, operations needed to enhance policy- and decision-making process. The review acknowledged the centrality of SAGE and supported the recent and ongoing SAGE reform with transparency of the membership appointment process and of deliberations and processes of working groups. The review noted the need to foster closer connections between SAGE and Regional Technical Consultative Groups (TCGs).

SAGE accepted the conclusions of the report, and would like to receive regular updates on the implementation of the recommendations.

Report from the GAVI Alliance: An update was made on recent GAVI activities and the need to formalize the relationship between the Alliance Board and SAGE were indicated. The core aims of GAVI's 2007-2010 strategy and status of its initiatives on health system strengthening, innovative funding and new vaccines were highlighted.

The impact of the first phase of GAVI is measurable, and the results can be reflected in terms of additional children reached with Hepatitis B, Hip, DTP and yellow fever vaccines, as well as in the reduction in price for the combined DTP-HepB vaccine.

Efforts by GAVI to engage civil society in the delivery of immunization services will be piloted over the next two years. The IFFIm has been successful since its inauguration in November 2006 with \$4 billion in commitments from eight governments. The AMC which was launched in February 2007 has brought a new donor, Russia, to offer development aid for immunization.

Following approval by the Alliance's Board in November 2006 of the respective investment cases for rotavirus and pneumococcal vaccines, it is anticipated that these vaccines could be made available through GAVI by mid 2008. Future investments in new vaccines will be based upon a strategic "roadmap".

Regional priorities and major policy and implementation issues:

African Region: The report highlighted the progress with DTP3 coverage between 2005 and 2006, particularly in countries with large numbers of unimmunised children such as Nigeria, DR Congo and Ethiopia. There has been some progress with polio eradication efforts in Nigeria through Immunization Plus Days (IPDs) and the use of mOPV. There has also been remarkable progress towards achieving the measles mortality reduction goal, which is primarily a result of Supplementary Immunization Activities (SIAs). Progress has been good with introduction of HepB and Hib vaccines.

The main challenges faced by the region are:

- Translating political commitment to actual funding of infrastructure and improving coverage monitoring;
- Dealing with importations of polio and sustaining high quality surveillance and political commitment towards polio eradication efforts;
- Converting strategies to action plans with regard to integration of other interventions with immunization and the timely availability of resources, planning of logistics and communications to make these efforts successful.

The region should be creating around the use of GAVI's health systems strengthening support to build upon the infrastructure established for the polio eradication initiative to strengthen routine immunization and to deliver an integrated package of interventions.

Eastern Mediterranean Region

Despite a number of countries in conflict, progress has been made towards achieving each of the GIVS goals. Coverage has increased in recent years with impressive results of the RED approach in priority

countries. Work is ongoing to expand the benefits of immunization beyond infancy and in harmonizing schedules, especially for older age groups.

There is also good progress with measles mortality reduction goals, however measles outbreaks are being reported despite high vaccination coverage (14-49% of cases are in vaccinated children).

South East Asia Region

- The region has four priorities:
- Stopping polio transmission in India;
- Improving the stagnant routine immunization coverage;
- Introducing new vaccines; and
- Accelerating measles control activities.

Although there have been setbacks in polio eradication efforts in India, there is optimism that it is possible to stop transmission which is localized mainly in two states.

The low routine immunization coverage in India is the main reason for stagnation of the regional DTP3 coverage. The government has substantially increased its funding for the National Rural Health Mission where immunization is a key component as well as using Child Health Days to increase coverage.

Although an increasing number of children in the region are being reached through measles SIAs, there are no firm plans for providing a second opportunity with measles vaccine in India. Surveillance capacity is being enhanced in some states in India.

Most countries in the region have introduced HepB vaccine. Many countries have given higher priority to the JE vaccine than to Hib.

The main challenges in the region are related to managerial and systems issues, and there is the need to strengthen central capacity to manage huge programmes.

Human Papillomavirus (HPV) vaccines: SAGE was updated on the global burden of cervical cancer and the relationship of HPV with cervical cancer and genital warts; data on the safety, efficacy and immunogenicity of the quadrivalent HPV vaccine (types 6, 11, 16 and 18) now licensed in more than 70 countries and of the bivalent vaccine (types 16 and 18) submitted for licensure in several countries.

SAGE concluded from clinical trial evidence that introduction of vaccines is likely to bring great benefits worldwide and particularly to those developing countries where cervical cancer is a major cause of mortality and screening programmes are limited or absent.

The committee recommended that the WHO Secretariat accelerate the regional consultation process to assess political will, acceptability, feasibility and introduction challenges and opportunities. SAGE moreover requested that Regional TCGs be involved in these activities. IVB's HPV Expert Advisory Group, collaborating with WHO's experts from relevant departments, should review evidence for a future WHO HPV vaccine position paper and identify outstanding questions about safety, efficacy, and delivery with a view to presenting this to SAGE for future consideration. SAGE urged the completion of ongoing research in HIV infected individuals, on prolonged (including yearly) intervals between doses, demonstration projects delivery methods, and cost-effectiveness studies of vaccinating young adolescents and older "catch-up" populations in low and medium income countries. SAGE also urged new research on the feasibility and effectiveness of simplified schedules such as 2-dose schedules or infant/young child dosing that assess initial and sustained immunogenicity. SAGE called for development of a plan for resource mobilization for vaccine introduction in developing countries. SAGE recommended that decision makers at all levels should collaborate closely with immunization, cancer, child, adolescent, and reproductive health programmes and interventions to ensure that vaccine introduction is integrated into comprehensive cervical cancer control programmes that include screening.

Optimizing of immunization schedules: As requested in the November 2006 SAGE meeting, a further analysis conducted by the London School of Hygiene and Tropical Medicine was presented on the timing of vaccination in the developing world based on data collected from demographic health surveys in 55 countries.

The median age for BCG vaccination is 1.2 months. Rotavirus vaccination should be started before 12 weeks of age.

The SAGE subgroup on immunization schedules for conjugate vaccines had discussed the concept paper on "Optimizing the use of conjugate vaccines". The concept paper aims to:

- Review the available evidence on the immunogenicity, effectiveness and impact of Hib, meningococcal and pneumococcal conjugate vaccines for a range of vaccine schedules;
- Identify the strengths and weaknesses of this evidence; and
- Highlight areas where further studies may be of value.

Lack of consideration of the indirect effects clearly led in the past to underestimations of the cost-effectiveness of vaccine interventions (e.g. experience with the pneumococcal conjugate vaccine in the USA). Finding ways to take these into account for recommending immunization schedules would be of high interest. Caution should be exerted in clearly defining endpoints when assessing vaccines (e.g. immunogenicity, efficacy, or effectiveness), and in considering trade-offs carefully when reducing schedules. Once finalized, the concept paper will be shared with SAGE, and then adapted for a peer-reviewed publication.

Stockpiling H5N1 influenza vaccine and establishing a mechanism for providing access to a pandemic vaccine for developing countries without influenza vaccine manufacturing capacity: SAGE acknowledged the concerns of countries with human cases of H5N1 infection, or their neighbours, that such infections pose a potential threat to national public health security of such countries. SAGE noted that in combination with other measures, an H5N1 vaccine stockpile could potentially be useful in dealing with the early stages of human to human transmission of the H5N1 virus.

Full SAGE Meeting Report can be found on the WER under the following link: http://www.who.int/entity/immunization/sage/SAGE_report_April2007.pdf.

VACCINE MANAGEMENT

25/05/07 from Umit Kartoglu, WHO/HQ:

Vaccine Vial Monitors (VVM) were introduced in 1996 through UN procurement agencies. The VVMs serve primarily to warn health workers when the cumulative heat exposure of a vial of vaccine has exceeded a pre-set limit, beyond which the vaccine should not be used. In addition, changes in the appearance of the VVM before this limit is reached will serve to guide health workers to first use more exposed vials of vaccines. Thus, the VVMs have ensured that the administered vaccine has not been damaged by heat, saved money through reduced vaccine wastage, facilitated immunization outreach services and helped to effectively manage vaccine stocks.

Today, all vaccines (with a couple of exceptions) come with VVMs through UN procurement agencies. There is also a 20-year development history behind this successful implementation. In order to mark the 10 years of successful implementation of VVMs and to acknowledge the efforts put into this device by individuals, organizations, institutions and manufacturers, a celebration event took place in Geneva on 3 May 2007. Following this event, a similar event will be organized in the USA as part of the Global Health Council on 27-29 May 2007 hosted by PATH, along with another event in India later this year.

With the event, WHO and UNICEF announced a new policy statement focusing on the future of VVM, urging Member States to include VVMs in all tender documents, as well as urging donors to adopt a donation policy for inclusion of VVMs in all vaccine donations.

The event brought together around 120 representatives from diplomatic missions to the UN, countries, vaccine manufacturers, public sector agencies, donors and individuals. The celebration event was chaired by Ms Daisy Mafubelu, Assistant Director-General, Family and Community Health. Following the opening remarks by Ms Mafubelu, the "Five Senses" video which was shot in Indonesia, Niger and Vietnam early this year was presented. The film focused on how VVM helps countries to reach more children by simply relying on the effective use of VVMs (directed by Umit Kivanc). Following the movie four speakers gave a brief history of VVMs: Debbie Kristensen from PATH focused on the problem definition that emerged VVM development (1979-1989); Ted Prusik from Temptime Corporation talked on the solution, the VVM; Dario Cresci from Novartis brought the industry response in implementing VVMs and how the challenges were handled in applying the monitor on vials; and Mercy Ahun from GAVI talked on the field benefits. To acknowledge the efforts put into this tool, WHO distributed recognition certificates to countries, organizations, agencies, and individuals for their contribution to development and early implementation of VVMs.

A photo exhibition titled Five Senses by Umit Kartoglu, Jean-Marc Giboux, Philippe Blanc and Gencer Yurttas on the use of VVMs in the field was opened in the main entrance of the main building from 3-11 May.

The press release and a photo essay on VVM use can be viewed at the following links:

<http://www.who.int/mediacentre/news/notes/2007/np21/en/index.html>

<http://www.who.int/features/2007/vvm/en/index.html>

PUBLICATIONS

WHO PUBLISHED DOCUMENTS

25/05/07 from Mario Conde, WHO/HQ: The following new publication is available on line on the WHO website:

Human Papillomavirus and HPV vaccines: Technical Information for Policy-Makers and Health Professionals (WHO/IVB/07.05) – Reviews the evidence on the burden of HPV-related cervical cancer, the safety and efficacy of HPV vaccines and the cost effectiveness of HPV vaccines. The document provides the technical information needed by decision-makers who may consider HPV introduction and complements the recently produced document "Preparing for the introduction of HPV vaccines. Policy and programme guidance for countries", (WHO/RHR/06.11), which lacks the scientific basis for decision-making.
<http://www.who.int/vaccines-documents/DocsPDF07/866.pdf>

The following publications have been translated into French and are available online on the WHO website:
<http://www.who.int/vaccines-documents/>

Global Pandemic Influenza Action Plan to Increase Vaccine Supply (WHO/IVB/06.13)
Pandémie de grippe – plan d'action pour augmenter l'approvisionnement en vaccins (WHO/IVB/06.13F)

Vaccine Introduction Guidelines: Adding a vaccine to a national immunization programme: Decision and Implementation (WHO/IVB/05.18)
Introduction d'un vaccin dans un programme nationale de vaccination: décision et mise en œuvre (WHO/IVB/05.18F).

GAVI-RELATED INFORMATION

CIVIL SOCIETY ORGANIZATIONS

25/05/07 from Ariane Manset, GAVI Alliance: Guidelines and application forms have been finalized for Civil Society Organizations support, and will shortly be available on the GAVI web-site for use by countries:
http://www.gavialliance.org/Support_to_Country/Forms/index.php

GAVI CONSULTATION SESSIONS

25/05/07 from Ariane Manset, GAVI Alliance: During the course of the World Health Assembly, the GAVI Secretariat hosted informal regional consultation sessions for Ministers of Health of GAVI countries. Each session was chaired by GAVI countries' representatives on the Alliance Board (Armenia, Cambodia, Ethiopia and Ghana). They allowed Ministers of Health of countries to collaborate with their peers and have an informal exchange of views with GAVI and its partners regarding various issues including Health Systems Strengthening, new vaccine introduction process, co-financing levels, development of country proposals and other related issues.

The GAVI Alliance took advantage of the gatherings to recognize six countries for their national commitment to co-financing of vaccines, which exceeded GAVI's minimum requirements. These countries were Ghana, Guyana, Madagascar, Malawi, Tanzania and Zambia.

HEALTH SYSTEM STRENGTHENING

25/05/07 from Ariane Manset, GAVI Alliance: The GAVI Secretariat received 12 new proposals for HSS from Afghanistan, Cambodia, Honduras, Madagascar, Malawi, Pakistan, Rwanda, Sudan north, Tajikistan, Uganda, Yemen and Zambia, as well as two proposals that had been previously approved with conditions (Cameroun and Kenya). These applications will be reviewed by the Independent Review Committee from 1-11 June 2007.

HIB INITIATIVE

25/05/07 from Layla Lavasani, JHSPH: In the last several months, the GAVI Secretariat received a record number of applications for funding support of the New and Under-Used Vaccines. Over the course of the last two deadlines, seventeen countries submitted applications to introduce pentavalent vaccine, covering a birth cohort of almost 17 million children.

Although the Hib vaccine has been available for more than 17 years, in 2006 only 26% of the world's children had access to the vaccine. Now in 2007, potentially an additional 17 million children from GAVI eligible

countries, plus several million children from other countries will have access to life saving Hib vaccines. Such progress could not be achieved without coordinated global and local efforts from the child health community. With momentum building, continued support will be needed to ensure that no child dies from vaccine preventable diseases – including Hib.

ISS, INS & NEW VACCINES REVIEW

25/05/07 from the GAVI Alliance: The GAVI Secretariat received applications from 22 countries for various country support in time for the 18-26 May 2007 review of proposals for Immunization Services Strengthening, Injection Safety and New Vaccines support:

- Eight countries (Afghanistan, Bolivia, Burkina Faso, Guyana, Mongolia, Pakistan, Sudan (northern) and Sudan (southern)) submitted applications for **ISS support**.
- Two countries (Cote d'Ivoire and Nigeria) submitted applications for **Injection Safety support**.
- Three countries (Cote d'Ivoire, Guinea Bissau and Niger) submitted applications for support for **yellow fever vaccine support**.
- Six countries (CAR, Guinea Bissau, Kiribati, Niger, Solomon Islands and Togo) applied for **HepB support**.
- Fifteen countries (Afghanistan, Bangladesh, Bhutan, Cameroun, CAR, Cote d'Ivoire, Guinea Bissau, Kiribati, Madagascar, Mozambique, Niger, Pakistan, Solomon Islands, Sri Lanka, and Togo) applied for **Hib support**.

REVIEW PROCESS

Next Review Dates:

SECOND REVIEW 2007: ISS, INS, New Vaccines & Measles 2nd Dose: The deadline for receiving applications was **20 April 2007**. The applications will be reviewed from **18-26 May 2007**.

SECOND REVIEW 2007: HSS Applications: The **deadline** to receive applications for HSS was **11 May 2007**. The applications will be reviewed from **1-11 June 2007**.

MONITORING REVIEW: The deadline for receiving **annual progress reports** was **15 May 2007**. The APRs will be reviewed from **18-29 June 2007**.

THIRD REVIEW 2007: ISS, INS, New Vaccines & Measles 2nd Dose: The deadline for receiving applications is **28 September 2007**. The applications will be reviewed from **24 October to 2 November 2007**.

THIRD REVIEW 2007: HSS Applications: The **deadline** to receive applications for HSS is **5 October 2007**. The applications will be reviewed from **26 October – 9 November 2007**.

COUNTRY INFORMATION¹ BY REGION

AFRICAN REGION

SUB-REGIONAL INFORMATION – EAST & SOUTH AFRICA

25/05/07 from Modibo Dicko, WHO/AFRO:

Course on Authorization and Monitoring of Clinical Trials of Vaccines

This course is being held from 18-22 June 2007 in Harare, Zimbabwe for representatives of National Regulatory Authorities (NRAs), investigators of research institutions and representatives of ethics committees from 12 English speaking countries (Botswana, Ethiopia, Gambia, Ghana, Kenya, Malawi, Mozambique, Nigeria, Tanzania, Uganda, Zambia and Zimbabwe). The objective of this course is to impart participants with necessary expertise and capacity to:

- Conduct scientific and medical review of vaccine clinical trials application submitted for ethical and regulatory review/decision;
- Authorize the importation of clinical batches; and
- Monitor clinical trials.

Course on GCP Inspections (Good Clinical Practices)

This course will be held from 25-29 June 2007 in Harare, Zimbabwe for the representatives from NRAs and Ethics Committees from the same 12 countries mentioned above. The objective of this course is to impart participants with necessary expertise and capacity to conduct GCP inspections of clinical trials of vaccines.

These two courses are part of WHO efforts towards strengthening national regulatory systems in African countries, and are part of the implementation of Institutional Development Plans prepared by the NRAs during the three planning workshops held in 2005 for 26 countries.

COTE D'IVOIRE

25/05/07 from AFRO West: IST/West provided support in for the preparation of applications for GAVI support for **injection safety** and **new vaccines (pentavalent and yellow fever)** from 10-24 April 2007. A plan of action for 2008-2010 for injection safety and an introduction plan for pentavalent vaccine into routine immunization program were developed. Proposals for support were submitted to GAVI during the April 2007 round.

LIBERIA

25/05/07 from AFRO West: IST/West provided support for an external **Vaccine Management Assessment** from 30 April to 10 May 2007. The assessment was planned to analyse the knowledge and practices of health staff at all levels in vaccine management and identify gaps for the smooth introduction of pentavalent vaccine in January 2008.

EASTERN MEDITERRANEAN REGION

AFGHANISTAN

25/05/07 from EMRO: Technical assistance was provided by EMRO in March/April 2007 for developing the GAVI **ISS** and **NVS** proposals and for the costing and financing parts of the **cMYP**. The applications were submitted in the May 2007 GAVI review.

DJIBOUTI

25/05/07 from EMRO: The supply of the **pentavalent** (DTP-HepB-Hib) vaccine to the country under GAVI phase II will start in May 2007.

¹ HSS= Health Systems Strengthening;
ICP = Inter Country Programme;
ISS = Immunization Services Support;
INS = Injection Safety Support;
NVS = New Vaccine Support;
DQA = Data Quality Audit;
DQS = Data Quality Self Assessment;
FSP = Financial Sustainability Plan;
RED = Reach Every District;
cMYP = Fully costed multi-year plan;

PAKISTAN

25/05/07 from EMRO:

- Technical assistance was provided by EMRO in March/April 2007 for developing the GAVI **ISS** and **NVS** proposal. The applications were submitted in the May 2007 review.
- A mission from the GAVI Secretariat is planned in end-May 2007 to further **strengthen the coordination** between the Ministry of Health and GAVI for optimum outcomes of the GAVI support.
- The **measles campaign** for the sets of districts is ongoing.

SOMALIA

25/05/07 from EMRO: The EMRO Regional Adviser for VPI visited in April 2007 to discuss with the stakeholders, ways and means for bringing routine immunization coverage to acceptable levels.

SUDAN NORTH

25/05/07 from EMRO:

- The clarifications submitted in connection with the GAVI **new vaccines proposal** for pentavalent vaccine (DTP-HepB-Hib) has been accepted by the IRC.
- Submitted an application for **ISS** support under phase two of GAVI.

SUDAN SOUTH

25/05/07 from EMRO:

- A joint mission of GAVI & WHO EMRO visited Southern Sudan in March 2007 to discuss and agree on the mechanism for application for **GAVI support** and strategies for strengthening routine immunization.
- Technical support was provided by EMRO in March/April 2007 to develop the **cmYP** for EPI and the ISS application.
- Submitted an application for **ISS** support under phase two of GAVI.

YEMEN

25/05/07 from EMRO: A joint VPI/VAC mission of WHO EMRO visited in March/April 2007 to discuss the process for establishment of **NRA** and assess the **vaccine procurement system**.

EUROPEAN REGION

REGIONAL INFORMATION

25/05/07 from EURO:

Eighteen countries and WHO regional offices scale up against polio and measles: By signing the "MECACAR Declaration" at the WHO World Health Assembly on 17 May 2007, bordering countries of the WHO European and Eastern Mediterranean regions strengthened their collaboration to fight vaccine-preventable diseases.

The WHO inter-regional partnership, "Operation MECACAR", has successfully contributed to the eradication of poliomyelitis in the Member States of the two regions. A major success has been the effective and close collaboration between Member States, WHO regional offices and partners at all levels. Enhanced programme ownership and high-level political and partner commitment quickened the results. This led to the mobilization of financial and human resources in an area where populations share similar geographical and epidemiological features.

Still, further efforts are necessary. Under the new name, *Operation MECACAR: New Millennium*, the collaboration will be continued and extended to include new goals and objectives. Interrupting poliovirus transmission in endemic countries remains the highest priority. However, future areas of collaboration include measles elimination, strengthening disease surveillance and strengthening immunization systems.

The "MECACAR Declaration" sets forth a strong message of concerted effort to reach the common goals of polio eradication and measles elimination. The starting point is that no child should die or be handicapped as a result of a vaccine-preventable disease. Signing the Declaration, the countries committed themselves to political will at the highest levels to improve national immunization programmes, identify and immunize populations crossing borders, and mobilize the public and raise awareness of the importance of immunization.

Strengthening surveillance for adverse events following immunization: A training course on adverse events following immunization (AEFI) will be held in Moscow, Russian Federation on 21-25 May 2007, planned and coordinated by WHO/EURO.

In the framework of the Global Training Network, the training course targets sub-national (oblast) staff responsible for AEFI surveillance. The course will introduce immunization safety issues and aims to reinforce

investigation and detection systems and improve the analysis of adverse events. The participants will draft plans of action to strengthen their existing AEFI systems.

The training course will be attended by sub-national immunization managers from the Russian Federation, as well as from Armenia, Azerbaijan, Georgia, Kyrgyzstan, Tajikistan and Ukraine.

Meeting on new vaccines challenges and barriers: Policies and strategies for the introduction of new and under-utilized vaccines will be the topic of a meeting organized by WHO Regional Office for Europe and the International Children's Center. The meeting will be held in Ankara on 27-28 June 2007.

The meeting will present information on new vaccines, and country experiences on new vaccine introduction will be presented. Based on that the participants will discuss optimal ways of vaccine introduction and review barriers and challenges related to introducing new vaccines into routine immunization programmes.

The meeting aims to strengthen capacity for national decision making as regards the introduction of new vaccines; and the recommendations of the meeting will guide WHO Regional Office for Europe to identify country support needs.

WHO/EURO will soon issue a regional strategy on the introduction of new vaccines.

SOUTH EAST ASIAN REGION

BANGLADESH

25/05/07 from SEARO: A DQS workshop for Surveillance Medical Officers (DIMOs) was conducted by WHO from 12-19 May 2007. Sixty-two participants were trained to use the DQS tools.

NEPAL

25/05/07 from SEARO: A meeting of development partners was organized in Kathmandu on 24 April 2007 to discuss progress in application for health systems support. The discussions also included updates on co-financing mechanisms and dealing with countries with large numbers of unimmunised children.

SRI LANKA

25/05/07 from SEARO: A follow-up development of institutional development plan to upgrade central (primary) cold store in Colombo, was undertaken from 8-16 May 2007.

LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization: June 2007 to 2009					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Jun-07					
GAVI Review for HSS Proposals (Deadline: 11 May 2007)	01-Jun	11-Jun	Geneva	GAVI Secretariat	Specific
Central America and USMB Regional EPI Managers Meeting	05-Jun	08-Jun	tbd	PAHO	PAHO
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Jun	13-Jun	Geneva	WHO/HQ	Global
European Regional Certification Commission for Poliomyelitis Eradication	13-Jun	15-Jun	Copenhagen, Denmark	EURO	EUR
New and Under-Utilized Vaccines Implementation Meeting	18-Jun	20-Jun	Geneva	WHO/HQ	Global
GAVI Review of Annual Progress Reports (Deadline: 15 May 2007)	18-Jun	29-Jun	Geneva	GAVI Secretariat	Specific
International Meeting on New Vaccines Introduction for the European Region	27-Jun	28-Jun	Ankara, Turkey	EURO	EUR
WPRO EPI Managers Workshop	27-Jul	29-Jun	Manila, Philippines	WPRO	WPR
Jul-07					
Inter-Country Training Workshop on Surveillance of Vaccine Preventable Diseases and Monitoring and Evaluation of National Immunization Programme.	02-Jul	04-Jul	Lahore, Pakistan	EMRO	EMR
16th Meeting of Virologists from SEARO Polio Laboratory Network	09-Jul	10-Jul	New Delhi	SEARO	SEAR
SEAR EPI Managers Meeting and 12th Meeting of Technical Consultative Group (TCG)	10-Jul	13-Jul	New Delhi	SEARO	SEAR
GAVI South East Asian Regional Working Group Meeting	14-Jul	14-Jul	New Delhi	SEARO	SEAR
EMRO Vaccine Management Training Course	22-Jul	26-Jul	Tehran, Islamic Republic of Iran	EMRO	EMR
Aug-07					
First Meeting of the Virologists of the regional JE Laboratory Network and Training in Laboratory procedures for diagnosis of Bacterial Pathogens causing Acute Encephalitis Syndrome (AES)	August	August	Bangalore, India	SEARO	SEAR
South America Regional EPI Managers Meeting	07-Aug	10-Aug	tbd	PAHO	PAHO
SEARO GTN Advanced Course on GMP Inspection	13-Aug	17-Aug	New Delhi	SEARO	SEAR
Meeting of the European Technical Group of Experts on Immunization	29-Aug	30-Aug	tbd	EURO	EUR

Sep-07					
EMRO Regional Working Group on Rotavirus Surveillance	10-Sep	12-Sep	Cairo, Egypt	EMRO	EMR
SEARO GTN Workshop on Vaccine Lot Release	10-Sep	14-Sep	Kasauli, India	SEARO	SEAR
GAVI Quarterly Fund Executive Committee Meeting	12-Sep	12-Sep	Washington DC	GAVI Secretariat	Specific
EMRO Training on Vaccine Supplies Stock Management (VSSM) Version 2.00 software for vaccine stores	19-Aug	24-Aug	Cairo, Egypt	EMRO	EMR
GAVI Review of Annual Progress Reports	24-Sep	28-Sep	Geneva	GAVI Secretariat	Specific
Ninth Meeting of International Certification Commission for Polio Eradication	27-Sep	29-Sep	New Delhi	SEARO	SEAR
Oct-07					
SEARO Regional WHO GTN Course on Vaccine Management	15-Oct	19-Oct	Khon Kaen, Thailand	SEARO	SEAR
GAVI Review for ISS, INS, NVS & Measles 2nd Dose Applications (Deadline: 28 September 2007)	24-Oct	02-Nov	Geneva	GAVI Secretariat	Specific
GAVI Review for HSS Proposals (Deadline: 5 October 2007)	26-Oct	09-Nov	Geneva	GAVI Secretariat	Specific
GAVI Eastern Mediterranean Regional Working Group Meeting	28-Oct	29-Oct	Tripoli, Libya	EMRO	EMR
EMRO ICM on Measles and Rubella	30-Oct	01-Nov	Tripoli, Libya	EMRO	EMR
HPV Planning Policy Meeting for Latin America and the Caribbean	Late Oct	Early Nov	tbd	PAHO	PAHO
Nov-07					
EMRO RTAG Meeting	02-Nov	02-Nov	Tripoli, Libya	EMRO	EMR
Strategic Advisory Group of Experts (SAGE) meeting	06-Nov	08-Nov	Geneva	WHO/HQ	Global
Caribbean EPI Managers Meeting	13-Nov	16-Nov	tbd	PAHO	PAHO
European GAVI Regional Working Group Meeting	14-Nov	14-Nov	tbd	EURO	EUR
GAVI South East Asian Regional Working Group Meeting	27-Nov	28-Nov	Thimphu	SEARO	SEAR
Joint GAVI Alliance & Fund Board Meetings	27-Nov	30-Nov	Cape Town	GAVI Secretariat	Specific
EURO TAG Meeting	tbd	tbd	tbd	EURO	EUR
Dec-07					
Sub-Regional Laboratory Network Meeting for Countries of Central and Eastern Europe	01-Dec	03-Dec	tbd	EURO	EUR
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Dec	13-Dec	CICG	WHO/HQ	Global

LINKS RELEVANT TO IMMUNIZATION

GLOBAL WEBSITES

Department of Immunization, Vaccines & Biologicals, World Health Organization

<http://www.who.int/immunization/en/>

WHO New Vaccines Hib website

<http://www.who.int/nuvi/hib/>

GAVI Alliance Website

<http://www.gavialliance.org/>

UNICEF Supply Division Website

http://www.unicef.org/supply/index_immunization.html

UNICEF Supply Division Product Menu for GAVI Vaccines

http://www.unicef.org/supply/files/Product_Menu_2007.PDF

Hib Initiative Website

<http://www.hibaction.org/>

PneumoADIP

www.preventpneumo.org/

RotaADIP

<http://www.rotavirusvaccine.org/>

Technet

<http://www.technet21.org/>

SIGN Updates

www.who.int/entity/injection_safety/sign/en/

REGIONAL WEBSITES

New Vaccines in AFRO

<http://www.afro.who.int/newvaccines/>

Vaccine Preventable Diseases in EURO

<http://www.euro.who.int/vaccine/>

New Vaccines in SEARO

<http://www.searo.who.int/en/section1226.asp>

Immunization in WPRO

http://www.wpro.who.int/health_topics/immunization/

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