



# GLOBAL IMMUNIZATION NEWS

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**28 NOVEMBER 2008**

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## **TECHNICAL INFORMATION**

### **HUMAN PAPILLOMAVIRUS**

**30/10/08 from Kathleen Irwin, WHO/HQ:**

Preliminary results of a randomized, placebo-controlled, phase III clinical trial in males aged 16-26 years indicate that the quadrivalent HPV vaccine, Gardasil ®, is highly efficacious (90.4%) in preventing external genital lesions, a combined outcome that included genital warts and penile, perineal, or perianal neoplasia. No serious vaccine-related events were reported. Results were reported at the November 2008 Conference of the European Research Organization on Genital Infection and Neoplasia and are expected to be published in 2009.

### **WASTE CARE MANAGEMENT**

**28/11/2008 from Yves Chartier, WHO/HQ:**

#### **TechNet Tunisia - Health Care Waste Management**

To support implementation of sound health care waste activities, a WHO health care waste web Site available at: <http://www.healthcarewaste.org> or [http://www.who.int/water\\_sanitation\\_health](http://www.who.int/water_sanitation_health) offers technical options, costing tools, country information, contacts and 142 reference documents. This includes a practical, pocket size document on the management of waste from injection activities and includes two similar posters. Meanwhile WHO is developing pre-qualification specifications on injection-related equipment, including needle removers, aimed at providing recommendation for the purchase of equipment, as this equipment is already introduced by Ministries of Health in a number of countries. The HCWM WHO Web site proposes a number of technologies and links. Partnership is also a key function and the development of an official health care waste management network is under process. This network will be a platform to share information on activities and progress in countries, review specific topics such as recycling, brainstorm on technologies, and to inform partners and countries on potential sources of funding.

#### **A number of activities are taking place in countries:**

For example, three countries in the Africa region have begun implementing national plans on health-care waste management, and activities to support the implementation of such policies and to demonstrate success is ongoing. A monitoring tool under development will be used. Additionally, three Expanded Costing Assessment Tools have been developed that differentiate between low, middle and high income countries. These tools deal with various size categories of HCFs, allow for several treatment options, including centralized and/or decentralized treatment and compute potential revenues from the sale of sterilized plastic parts for re-melting. The tools provide costs per syringe, key indicative value of sharps waste generation rates in kg / bed per day and more.

### **HIB INITIATIVE**

**28/11/08 from Judy Heck, JHU:**

Indian paediatricians and child health researchers, representing over 12 states in India, met November 15 to discuss ways of raising awareness about pneumonia prevention and building support for preventive interventions. The roundtable welcome address by Dr. M. K. Bhan, Secretary, Department of Biotechnology in the Ministry of Science and Technology called for participation by civil society in raising awareness and building support for child pneumonia prevention. Participants reviewed perceptions research of Indian

stakeholders on pneumonia prevention, and worked in groups to discuss approaches to the promotion of child health interventions and pneumonia prevention including Hib and pneumococcal vaccines. Slide review and media outreach sessions were presented for discussion. The meeting was co-sponsored by The INCLIN Trust, Indian Academy of Paediatrics, National Institute of Health and Family Welfare and the Johns Hopkins Bloomberg School of Public Health.

## **MEASLES**

**28/11/08 from Hayatee Hasan, WHO/HQ:**

### **Measles campaign reaches out to vulnerable children in Côte d'Ivoire**

From 11-15 November 2008, the government of Côte d'Ivoire with support from the Measles Initiative ([www.measlesinitiative.org](http://www.measlesinitiative.org)) and other partners conducted a nationwide measles immunization campaign targeting children from nine months to five years. An estimated 2.6 million children were immunized during the five-day campaign. In addition to measles vaccination, the children were given other life-saving interventions such as vitamin A and deworming medicine which strengthens the immune system and prevents malnutrition. Insecticide-treated nets to prevent malaria were also distributed in 18 districts. Immunization contacts provide an excellent opportunity for communities to access additional preventive and curative services as well as goods and information in support of child health, primary care and reproductive health. The combined delivery of several health interventions can strengthen health systems and save money. Integrating immunization with other linked health interventions is an important component of the Global Immunization Vision and Strategy 2006-2015.

## **ROTAVIRUS VACCINE PROGRAMME**

**28/11/2008 from PATH:**

On September 23, 2008, investigators at the International Centre for Diarrheal Disease Research, Bangladesh, in partnership with PATH's Rotavirus Vaccine Program, GSK Biologicals, the Government of Bangladesh, and UNICEF, initiated a phase IV cluster-randomized effectiveness study of Rotarix® in Bangladesh. The study will evaluate the population effectiveness of Rotarix® and its impact on reducing rates of hospitalization for acute diarrhea due to rotavirus.

After a 3 year interval, SAGE reviewed the first preliminary results emerging from vaccine trials conducted with the licensed, commercially available, rotavirus vaccines from industrialized country manufacturers in Africa. PATH's Rotavirus Vaccine Programme is conducting phase III efficacy trials with both GSK and Merck rotavirus vaccines in multiple countries in Africa and Asia in response to the previous SAGE recommendations. These preliminary results are favourable and indicate potential high public health impact. SAGE has requested a full review of the data to be presented in April 2009, with the view to revisiting the current recommendations.

## **POLIO**

**28/11/08 from Oliver Rosenbauer, WHO/HQ:**

### **Polio eradication: global advisory body urges bold new initiatives to complete eradication**

24 November 2008 – The Advisory Committee on Poliomyelitis Eradication (ACPE) – the global advisory body to the Global Polio Eradication Initiative – has called for bold new initiatives to complete the job of polio eradication. Reviewing the epidemiology of poliovirus in the four remaining endemic countries Nigeria, India, Pakistan and Afghanistan, the ACPE noted the range of difference in the performance of eradication programmes in the remaining endemic countries, facing unique epidemiological and operational challenges.

In re-infected areas, the ACPE noted that continued international spread of polio and number of importations into polio-free countries remained unchanged from 2007 and has indeed plateaued. The group highlighted that implementation of new internationally-agreed outbreak response guidelines have markedly reduced the consequences associated with new outbreaks (i.e. shorter outbreaks with fewer associated cases). Given the ongoing risk of importations due to continued indigenous circulation of wild poliovirus in northern Nigeria and India, the group consequently put forward new immunization recommendations for travelers to- and from polio-affected areas to reflect current knowledge of risks. The ACPE strongly urged an interim review of progress against its recommendations in April 2009.

## **IMMUNIZATION DATA AND MONITORING**

**27/11/08 from Strategic Information Group, WHO/EPI:**

The final Immunization Data for 2007 from 193 WHO Member States is available from:

[http://www.who.int/immunization\\_monitoring/data/en/](http://www.who.int/immunization_monitoring/data/en/)

Based on the latest World Health Organization (WHO)/UNICEF global estimates for 2007, trends related to global vaccination coverage continue to be positive. Immunization currently averts more than 2.5 million deaths every year in all age groups from diphtheria, tetanus, pertussis (whooping cough), and measles. Three regions, the Americas, Europe and Western Pacific, maintained over 90% immunization coverage, while the Eastern Mediterranean region reached 87%. Number of countries reaching 90% or more immunization coverage with three doses of diphtheria-tetanus-pertussis (DTP3) in 2007: 117 countries compared to 114 in 2006. Countries reaching over 80% DTP3 coverage continue to increase: 156 countries in 2007 compared to 154 in 2006. Number of children under one year of age who did not receive DTP3: 24.1 million in 2007 compared to 26.3 million in 2006. Seventy-three percent of these children live in ten countries: India, Nigeria, China, Indonesia, Ethiopia, Pakistan, Uganda, Niger, Bangladesh, and Democratic Republic of Congo.

There is an increasing uptake of New Vaccines: by the end of 2007, Hepatitis B vaccine for infants was introduced in 171 countries (169 in the entire country Sudan and India in part of the country), *Haemophilus influenzae* type B (Hib) vaccine was introduced in 115 countries (112 in the entire country and three in part of the country), Rubella vaccine was introduced in routine immunization programmes in 126 countries (125 in the entire country and China in part of the country). Pneumococcal vaccine was introduced in 20 countries (of which two have introduced in part of the country), and Rotavirus vaccines were introduced in 13 countries, of which 1 country has introduced in part of the country.

### **IMMUNIZATION FINANCING**

**20/11/08 from Patrick Lydon & Daniela Darie, WHO/HQ:**

Over the course of 2008, major developments have been made to the WHO Immunization Financing website ([www.who.int/immunization\\_financing](http://www.who.int/immunization_financing)). These updates are going live at the end of November 2008. The major new features of interest are:

- A [cMYP immunization financing database](#) that is populated with country level data generated through the costing and financing sections of national multi-year plans for immunization (cMYP). To consult the database please go to: [www.who.int/immunization\\_financing/data](http://www.who.int/immunization_financing/data). Note that this database is currently password protected for non-WHO users who can request access and password by emailing to: [immunizationfinancing@who.int](mailto:immunizationfinancing@who.int) (subject: request for an ifdb password)
- Development of [cMYP country pages](#) that provide a summary of key information and indicators of interest that are included in individual country strategic 5 year plans for immunization. These pages offer the possibility to download the complete national multi-year plan for immunization (cMYP) and costing tool. To consult the cMYP country pages please go to: [www.who.int/immunization\\_financing/countries](http://www.who.int/immunization_financing/countries)
- A new section on [immunization financing indicators](#) available from 3 separate sources of information: the WHO and UNICEF Joint Reporting Form (JRF) for all member states; the FSPs; and the cMYP immunization financing databases for a limited set of low and lower middle income countries.
- New monitoring updates from the WHO-UNICEF annual monitoring system linked to immunization financing and planning indicators, including maps, tables and charts.

## **PUBLICATIONS**

### **IMMUNIZATION FINANCING**

**20/11/08 from Lidija Kamara, Patrick Lydon WHO/HQ & Julie Milstien**

The December edition of Vaccine will feature a series of 4 articles on immunization financing (Volume 26, Number 51, December 2008). The papers will be available online from ScienceDirect ([www.sciencedirect.com](http://www.sciencedirect.com)) the week of 24 November. The papers will also be available from the WHO immunization financing website ([www.who.int/immunization\\_financing/analysis](http://www.who.int/immunization_financing/analysis)).

Milstien J, Kamara L, Lydon P; Mitchell V, Landry S

The GAVI Financing Task Force: One Model of Partner Collaboration (Vol26, No.51, pp. 6699-6705)

Lydon P, Levine R, Makinen M, Brenzel L, Mitchell V, Milstien J, Kamara L, Landry S

Introducing new vaccines in the poorest countries: What did we learn from the GAVI experience with financial sustainability? (Vol26, No.51, pp. 6706-6716)

Kamara L, Milstien J, Patyna M, Lydon P, Levin A, Brenzel L  
Strategies for Financial Sustainability of Immunization Programs - A review of the strategies from 50 National Immunization Program Financial Sustainability Plans (Vol26, No.51, p. 6717-6726)

Lydon P, Beyai P L, Chaudri I, Cakmak N, Satoulou A, Dumolard L  
Government financing for health and specific national budget lines: The case of vaccines and immunization (Vol26, No.51, pp. 6727-6734)

### **WHO PUBLISHED DOCUMENTS**

**28/11/08 from Mario Conde, WHO/HQ:**

**Global Immunization Vision and Strategy Brochure (WHO/IVB/08.13)**

This WHO/UNICEF brochure captures the essence of GIVS which aims to protect more people against more diseases. Illustrated with photos and the brand new visual identity for GIVS, it describes achievements in immunization and the benefits of this key and cost-effective health intervention. Needs, challenges, the cost of immunization programmes and resource requirements are given. The document provides the four strategic areas of GIVS and immunization goals established therein.

## **GAVI-RELATED INFORMATION**

### **GAVI BOARD MEETING DATES FOR 2009**

**28/11/08 from Rudi Eggers, WHO/HQ:**

Board Retreat: March 2-3, Amsterdam

Board Meeting: June 2-3, Washington, DC

Board Meeting: Nov 17-18, location to be determined

Partners' Meeting: Nov 18-20, location to be determined

### **HEALTH SYSTEMS STRENGTHENING (HSS)**

**28/11/2008 from Miloud Kaddar, WHO/HQ:**

The 9th Annual General Meeting of the Developing Countries Vaccine Manufacturers Network (DCVMN) was held in Cape Town, South Africa from 16 to 19th of November. This meeting was organized and hosted by the Biovac Institute. More than 80 participants attended representing different manufacturers and institutions. Scientific and technical sessions were held in particular on trends in global vaccine demand and supply, vaccine development at DCVMNs, vaccine quality and regulation and updates on selecting technologies and initiatives. The DCVMN members discussed internally various issues such as the boost of pre qualified vaccines, development of newer universities and the increase the DCVMN representation in various vaccines and immunization forums. For more information, please look at [www.dcvmn.org](http://www.dcvmn.org)

## **REVIEW PROCESS**

### ***Next Review Dates:***

**PROPOSAL REVIEWS - ISS, HSS, INS, New Vaccines & Measles 2<sup>nd</sup> Dose:**

**1-13 June 2009. Submission deadline: 1 May 2009.**

**19-30 October 2009. Submission deadline: 11 September 2009.**

### **MONITORING IRC**

**15-30 June 2009 and 21-25 September 2009.**

**Submission deadline: 15 May 2009 for both rounds.**

# COUNTRY INFORMATION<sup>1</sup> BY REGION

## EUROPEAN REGION

### REGIONAL INFORMATION

**28/11/2008 from Naroesha Jagessar, EURO:**

#### **European Region celebrates a decade without indigenous polio**

All 53 Member States of the WHO European Region were certified as polio-free in June 2002, however, this month the Region celebrates that it has been a decade since the last indigenous case of polio, which was reported in Turkey in November 1998. However, the fight must continue to eradicate polio world wide and sustain the goals made in the Region. Until eradication is reached, the cross-border mobility of people still poses the risk of importation from polio endemic areas, while low immunization coverage in some geographical areas and among sub-populations poses a risk for transmission once an outbreak occurs. Therefore, the WHO Regional Office for Europe supports Member States by coordinating and monitoring surveillance and immunization activities, providing guidance, and ensuring political commitment, to ensure strong immunization system with a high uptake of vaccination.

### CYPRUS

**28/11/2008 from Naroesha Jagessar, EURO:**

#### **Outcomes of the annual meeting of the Diphtheria Surveillance Network**

The second annual meeting of the Diphtheria Surveillance Network (DIPNET), co-organized by the Health Protection Agency and WHO Europe, was held 5-7 November 2008 in Larnaca, Cyprus. A project funded by the EC, DIPNET focuses upon strengthening surveillance activities and microbiological capabilities and awareness in Europe, particularly within the new EU member states and Associated Countries that are still classified as 'high risk areas'. The network has been expanded to integrate data and expertise from outside the EU and, in collaboration with WHO Europe, liaises with the Russian Federation and NIS countries that continue to have endemic disease.

WHO Europe, ECDC, and all DIPNET countries were represented, except for Belgium, the Netherlands, and Turkey. Also participating was the Russian Federation, all NIS countries except Turkmenistan, and representatives from Brazil, the U.S. and Japan. Participants discussed the status of efforts to standardize and enhance surveillance activities and reporting within the EU, the Russian Federation, and NIS, with data presented on disease prevalence and characteristics of both toxigenic and non-toxigenic *C. diphtheriae* and *C. ulcerans* in the region. The complete conference report, with presentations, will be made available on the DIPNET website, [www.dipnet.org](http://www.dipnet.org).

### ARMENIA

**28/11/2008 from Naroesha Jagessar, EURO:**

In order to sustain the polio-free status, Armenia has conducted two-phased supplementary immunization activities for Polio on 22-26 September and 27-31 October 2008. A nation-wide polio campaign targeted approximately 200,000 children aged 1 to 5 years throughout the country. According to the Immunization Coverage Survey conducted in 2006 OPV3 coverage has significantly declined in the recent years – from 96% in 2003 to 85-86% in 2004-2006. Since 2007 due to enormous efforts put by the National Immunization Programme it is increasing again, and, according to the Joint Reporting Form, it has reached the level of 90% for OPV3 in 2007. In addition, as of November 2008 Armenia has started rubella supplementary immunization activities for women of childbearing age. This initiative is called upon to ensure prevention of congenital rubella infection, and will target approximately 300,000 women aged 27-45 years. The campaign is envisaged to finish by April 2009. Along with measles/rubella mass immunization campaign held last year, it contributes significantly to achieving the Regional measles/rubella elimination goals by 2010.

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<sup>1</sup> 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;

## GEORGIA

**28/11/2008 from Naroesha Jagessar, EURO:**

The nation-wide measles and rubella mass immunization campaign that started on 20 October 2008 in Georgia, which was supposed to end by November, is extended to mid December 2008. The campaign is targeted at people aged 6-27 years, as high population immunity must be rapidly attained among susceptible birth cohorts that are sustaining measles and rubella transmission, to achieve the regional measles and rubella elimination goals set for 2010.

In 2004-2005 Georgia experienced its largest measles outbreak since 1973, with more than 85% of all measles cases detected among persons born after 1983. The outbreak likely resulted from failure to vaccinate, rather than vaccine failure. Routine immunization coverage in Georgia is still below the 95% target for both MMR1 and MMR2.

## RUSSIAN FEDERATION

**28/11/2008 from Naroesha Jagessar, EURO:**

### **Upcoming Measles/Rubella sub-national laboratory network meeting**

From 9-11 December 2008 in Moscow, Russian Federation, The Russian Federation will organize a sub-national measles/rubella laboratory network. At the meeting, the present status, resources, sustainability and functionality of the measles and rubella laboratory network in the Russian Federation will be discussed. Further subjects under discussion will be the operational steps for the integration of the rubella component into the Labnet agenda and program, the enhancement of the ability and capacity of the sub-national labs to perform MR standardized diagnostic protocols, and the sustainability of available laboratory resources and tools, in particular with regard to standardized diagnostic protocols for measles and rubella.

## EASTERN MEDITERANEAN REGION

### REGIONAL INFORMATION

**28/11/08 from Daher Aden, EMRO:**

#### **GAVI side meeting with the Ministers of Health of the Six GAVI eligible countries of the Region during the Fifty Fifth Session of the Regional Committee for the Eastern Mediterranean (Cairo 11-14 October 2008):**

A consultative side session on GAVI policies was held in the afternoon of 12th October 2008 at WHO EMRO for the six Minister of Health of the GAVI eligible countries of the region. The objective of the session was to brief the Ministers of Health on the recent policy developments by GAVI (Co-Financing default Policy, Transparency and Accountability Policy (TAP) and to provide an opportunity to the countries to discuss issues, with the representatives of GAVI secretariat.

#### **EMRO Measles technical consultation meeting in Cairo Egypt from 16th to 18th September**

**2008:** A technical consultation to elaborate and finalize the process for the validation of measles elimination in the EMR was held in Cairo September 16-18 2008. The objectives of the meeting were to define the criteria, parameters, and process for documenting and confirming measles elimination in EMRO Region.

#### **Mission to Yemen in September in order in order to give technical support for the GAVI**

**application of Yemen to introduce Pneumococcal vaccine:** Yemen received conditional approval for Pneumococcal vaccine and planned to respond before GAVI review in September 2008. The cMYP has been updated with regard to the gap analysis and financial sustainability. Yemen responded to the conditions and re submitted its application on time.

**WHO/UNICEF/GAVI Mission to Afghanistan from 14<sup>th</sup> September to 18th September 2008:** In May 2008 GAVI Board has approved the support for introduction of DTP-HepB-Hib vaccine into the routine immunization in Afghanistan. According to the schedule, Afghanistan planned to shift from tetravalent vaccine (DTP-HepB) to Pentavalent (DTP-HepB-Hib) in January 2009. (UNICEF Country Office joined the mission. UNICEF Regional Office could not participate to the mission due to other commitments.).

The objectives of the Joint WHO/UNICEF/GAVI mission to Afghanistan were to discuss with key governmental officials, civil society and development partners with regard to the GAVI Alliance support on the followings:

- Achievement and challenges facing the health sector in the improvement of the health status of mother and child

- Revised EPI Plan of Action and country status related to the preparation of Pentavalent introduction in 2009
- HSS implementation during 2008 and Plan of Action for 2009
- Progress and issues related to GAVI support in the utilization of ISS , HSS and CSO funds

**25th Inter Country Meeting of national Managers of the Expanded Programme of Immunization and 23rd Meeting of the EPI Regional Technical Advisory Group (WHO/EMRO, UNICEF/MENARO) in Alexandria , Egypt, 21-23 October 2008**

The meeting was attended by EPI managers of EMR region, CDC Atlanta EPI RTAG, representatives from each of USAID, GAVI, NESI, HPA, SIGN, PATH, Pneumo ADIP and HIB initiative. The secretariat of the meeting included UNICEF, WHO-HQ & WHO-EMRO

The objectives of the meeting were to:

- To review national and regional progress in EPI (Routine Immunization, VPD, Elimination and Eradication Goal): Achievement, constraints and way forward;
- To discuss recent advances in new vaccines/technologies and their use;
- To discuss progress towards polio eradication;
- To discuss progress and constraints related to introducing new vaccines and technologies

The main outcomes among many others are as follows:

The meeting highlighted the importance for all Member states to have a National Immunization Technical Advisory Group (NITAG) by June 2009. Technical support is requested from WHO. Member States who not achieved MNT elimination are also requested to elaborate a Plan of Action.

A document outlining alternative procurement strategies to support new vaccine introduction and purchase of safe injection and waste management devices should be developed with the technical support of WHO and UNICEF. How to improve ongoing surveillance system for VPD for evidence-based decision making has been discussed.

Finally it has been agreed that EMRO in collaboration with Safe Injection Global Network is to assist Member States to develop strategies to monitor injection safety.

Further Meetings: Inter Country Meeting on Measles/Rubella Elimination/Control in United Arab Emirates from 23rd to 25th November 2008, Sub meeting on Measles and Rubella Laboratory Network in EMR Countries on 26th November and 15th Meeting of the Eastern Mediterranean Regional Working Group on the Global Alliance for Vaccines and Immunization (GAVI) in United Arab Emirates from 27th to 28th November 2008

<b>SOUTH EAST ASIAN REGION</b>
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**REGIONAL INFORMATION**

**28/11/08 from Kaushik Banerjee, WHO/HQ:  
EPI Managers Training Workshop, Goa, India**

India accounts for the largest number of unimmunized children in the world. Close to 10 million children remain unimmunized each year in this country. In order to support the country in improving immunization coverage, a workshop was organized in Goa, India from 17 to 22 November 2008 jointly by the Government of India and WHO in collaboration with CDC, Atlanta and with the support of UNICEF, USAID (Immunization Basics), PATH and other partners to update State EPI Officers on current policies and strategies in immunization, including new vaccines available for introduction in national programmes as well as to work with them in analysing the issues and problems in their respective areas and preparing a plan of action (POA) to improve immunization coverage in the priority districts of their State. Participants included State EPI managers from 29 (out of 35) States in India and WHO and UNICEF field staff. Case studies and exercises included in the course provided participants with an opportunity to practice the skills learnt. On the last day, the State EPI managers presented their POAs in a poster session. The important future needs identified were the strengthening of human resources at all levels, earmarking of more funds for immunization activities in the State Programme Implantation Plans to carry out the POA, and improving vaccine supply, vaccine management and logistics. The increased resources available through the National Rural and Urban Health Missions were identified as opportunities that could be utilized to strengthen the immunization programme.

## WESTERN PACIFIC REGION

### REGIONAL INFORMATION

*28/11/08 from Rani Manju, WPRO:*

**WHO Annual Accreditation of Polio and Measles Laboratories and Evaluation of Japanese Encephalitis Laboratory in China:** Regional Reference Laboratories for polio and measles in Beijing and polio and measles laboratories in 11 provinces (Tianjin, Shanxi, Jilin, Zhejiang, Shandong, Hubei, Guangxi, Shaanxi, Gansu, Qinghai and Ningxia) in China were reviewed by WHO, US CDC and JICA team during 13-21 October for annual WHO accreditation.

The Laboratory of Arboviruses in China CDC was evaluated on 14 October by WHO to be designated as a Regional JE (Japanese Encephalitis) Reference Laboratory for the Western Pacific Region.

**Progress with poliovirus lab containment in Western Pacific Region:** The last two remaining countries for completion of phase I wild poliovirus laboratory containment - China and Japan - in Western Pacific Region underwent an external quality assessment (QA) in October and September 2008 respectively. Dr Walter Dowdle led the review who earlier oversaw the same exercise in the USA. The review concluded that both countries appear to have completed the survey of relevant biomedical laboratories and are in the process to finalize their national inventories of wild poliovirus infectious and potentially infectious materials. Both countries will submit a final QA report to the Regional Certification Commission for its ultimate decision at its 14th meeting next month.

**Organization of hands-on regional training on real-time bacterial PCR training:** Real-time PCR is an important test to increase the detection rates for bacterial pathogens causing meningitis under sentinel surveillance for acute CNS infections. The surveillance has been set up to facilitate decision making for new vaccines. A regional hands-on training course was organized in Manila at the Research Institute of Tropical Medicine (RITM) from November 10-15, 2008. Four trainers came from CDC-Atlanta. Fourteen lab scientists with some prior experience with PCR from five countries (Cambodia, Lao PDR, Mongolia, Philippines, and Vietnam) in the Region participated in the program.

**Organization of an international expert meeting on Hepatitis B control, November 24-25, 2008:** A Hepatitis B expert meeting is being organized at Seoul, Republic of Korea from November 24 to 25, 2008. The meeting is mainly funded and organized by the Korea Centers for Disease Control. Besides participants from the five largest countries in the Region (China, Japan, Philippines, Republic of Korea, and Vietnam), members from the Hepatitis B expert working group for Western Pacific Region will participate in the meeting. The forum will review the progress made in hepatitis B control towards achieving the regional goal of <2% chronic infection rates, review the programmatic strategies and make suggestions for any changes if needed.

## LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization: December 2008 onwards					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
<b>Dec-08</b>					
TechNet21 2008 Consultation Meeting	02-Dec	04-Dec	Tunisia	WHO	Global
International Rotavirus Symposium	02-Dec	03-Dec	Kunming, China	WPRO	WPR
PAHO Workshop on ProVac	01-Dec	05-Dec	Asuncion, Paraguay	PAHO	PAHO
AFRO Task Force on Immunization	03-Dec	06-Dec	Mauritius	AFRO	AFR
14th Meeting of the Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific Region (RCC)	09-Dec	10-Dec	Vientiane, Lao PDR	WPRO	WPR
GAVI South East Asian Regional Working Group Meeting	10-Dec	11-Dec	Bangkok, THAI	SEARO	SEAR
EMRO Rotavirus Regional Surveillance Network Follow-Up Meeting	16-Dec	18-Dec	Amman, Jordan	EMRO	EMR
<b>2009 Meetings</b>					
PneumoADIP and Hib Initiative Surveillance Networks Investigators	1Q 2009	1Q 2009	tbd	WHO/HQ	Global
Global Immunization Meeting	17-Feb	19-Feb	New York	UNICEF/WHO	Global
Training Partnership Meeting	20-Feb	20-Feb	New York	UNICEF/WHO	Global
Global Measles Management Meeting	20-Feb	20-Feb	New York	UNICEF/WHO	Global
PAHO Meeting of the Technical Advisory Group on Vaccine-Preventable Diseases	17-Mar	20-Mar	Costa Rica	PAHO	PAHO
Inter-country vaccine Management Training	23-Mar	29-Mar	tbd	WPRO	WPR
Strategic Advisory Group of Experts (SAGE) meeting	07-Apr	09-Apr	Geneva	WHO/HQ	Global
The 9th International Advanced Course on Vaccinology for the Asia Pacific Region (for more information <a href="http://www.ivi.int/vaccinology2008/">http://www.ivi.int/vaccinology2008/</a> )	11-May	16-May	Seoul, Korea	International Vaccine Institute	SEAR
PAHO Sub-Regional Meeting of the Central American Region, Mexico and the Spanish Caribbean on Vaccine Preventable Diseases	08-Jun	11-Jun	tbd	PAHO	PAHO
PAHO Sub-Regional Meeting of the Andean and Southern Cone Regions on Vaccine Preventable Diseases	12-Aug	13-Aug	tbd	PAHO	PAHO
Strategic Advisory Group of Experts (SAGE) meeting	27-Oct	29-Oct	Geneva	WHO/HQ	Global
26th Meeting of the Caribbean Expanded Program on Immunization Managers	16-Nov	20-Nov	tbd	PAHO	PAHO

## **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>

**GAVI Alliance Website**

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

**IMMUNIZATIONbasics (JSI)**

[www.immunizationbasics.jsi.com](http://www.immunizationbasics.jsi.com)

**PATH Vaccine Resource Library**

<http://www.path.org/vaccineresources>

**UNICEF Supply Division Website**

[http://www.unicef.org/supply/index\\_immunization.html](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](http://www.unicef.org/supply/files/Product_Menu_2007.PDF)

**Hib Initiative Website**

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

**Japanese Encephalitis Resources**

<http://www.path.org/vaccineresources/japanese-encephalitis.php>

**Malaria Vaccine Initiative**

<http://www.malariavaccine.org>

**Measles Initiative**

[www.measlesinitiative.org](http://www.measlesinitiative.org)

**Meningitis Vaccine Project**

<http://www.meningvax.org/index.htm>

**PneumoADIP**

[www.preventpneumo.org/](http://www.preventpneumo.org/)

**RotaADIP**

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

**RHO Cervical Cancer (HPV Vaccine)**

<http://www.rho.org>

**WHO/ICO Information Center on HPV and Cervical Cancer**

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

**SIGN Updates**

[www.who.int/entity/injection\\_safety/sign/en/](http://www.who.int/entity/injection_safety/sign/en/)

**Technet**

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

## **REGIONAL WEBSITES**

### **New Vaccines in AFRO**

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

### **PAHO's website for Immunization**

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

### **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/](http://www.wpro.who.int/health_topics/immunization/)

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