



GLOBAL IMMUNIZATION NEWS

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28 October 2005

TECHNICAL INFORMATION

IMMUNIZATION SAFETY

28/10/05 from Alison Brunier, WHO/HQ:

The **Sixth Meeting of the WHO Steering Committee on Immunization Safety** was held from 21-22 September 2005 at WHO, Geneva with the objectives of:

- Reviewing progress made in the area of immunization safety between 1999 and 2005, with particular focus on progress achieved during the last two years;
- Seeking the views of the Committee members and partner organizations on the expected framework for and scope of immunization safety activities following the end of the Immunization Safety Priority Project (ISPP), scheduled for end 2005, in the context of the GIVS, the IVB Strategic Plan 2006-2009 and WHO decentralization.

Issues discussed ranged from political visibility and advocacy of safety issues, sustainability, and financing, to strengthening of NRAs, monitoring and management of AEFIs, injection safety, waste management and restructuring of WHO activities relating to immunization safety.

The Committee noted the importance of political commitment by national governments in ensuring the achievement of all goals for the ISPP (see: http://www.who.int/immunization_safety/ispp/en/ for more information).

It emphasized that attention should continue to be paid by WHO to activities in support of global immunization safety in order to maintain and increase the progress made in global immunization safety during recent years.

The key technical recommendations made were:

- WHO and partners to maximize funding and advocacy opportunities for immunization safety afforded by the World Alliance for Patient Safety <http://www.who.int/patientsafety/en/>, the G8 communiqué on HIV prevention, care

and treatment services, and the implementation of the GIVS;

- All options to be available through the Vaccine Fund under GAVI Phase II in support of activities related to immunization safety to be communicated to countries. Countries to be encouraged to apply for such support;
- WHO to coordinate the development, in collaboration with partners, of an investment case in support of country applications for funding of the investigation of strategies for managing injection-related waste;
- Strengthen NRAs to remain a high priority for WHO and countries;
- Ensure global capacity for rapid response to safety issues of potential global importance to be enhanced;
- Efforts be made to ensure the sustainable use of auto-disable syringes for routine immunization in all countries to be strengthened;
- Efforts be made to ensure the safety of health-care workers; and
- WHO to continue to play a role in providing advice to countries on new technologies for managing injection-related waste and in developing national plans of action to strengthen medical waste management.

The Committee noted that restructuring of immunization safety activities at WHO will begin in 2006, with the intention of improving the ability of countries to deliver safe immunization services.

It emphasized the need, particularly during the period of decentralization of activities to regional office level, to maintain WHO competencies and expertise to address the increasing burden and complexity of vaccine safety issues of potential global and regional concern.

Key recommendations were:

- To continue leadership of immunization safety at WHO/HQ;

- WHO/HQ to continue to play a role in providing statements, guidelines and training materials on immunization safety and quality for use and adaptation as appropriate by regional offices;
- Provide capacity at regional level to address immunization safety issues to be evaluated in order that an appropriate timeline for transfer of activities can be established;
- Continue communication to partners on changing structures and responsibilities; and
- Measure the impact of decentralization on immunization safety to be evaluated after twelve months.

Launch of the Global Patient Safety Challenge: On 13 October 2005, WHO and partners launched the Global Patient Safety Challenge.

The Challenge, which has the theme of "Clean Care is Safer Care" and will run until the end of 2006, is a core element of the World Alliance for Patient Safety (see http://www.who.int/patientsafety/en/for_more_information) and as such provides an opportunity to raise awareness of ways in which health-care associated infection can be reduced, such as through improving the safety of blood, injections, immunization, clinical practices, water, and waste management. Through the Challenge, countries are invited to pledge their commitment to reducing health-care associated infection.

During the launch, chaired by Sir Liam Donaldson, Chair of the World Alliance for Patient Safety, health-care professions in Australia, China, India, Italy, Saudi Arabia, and the United Kingdom of Great Britain and Northern Ireland, indicated the commitment, via video-link, of their respective countries to the Challenge.

More information can be found at <http://www.who.int/patientsafety/challenge/en/>

INNOVATIONS

28/10/05 from Melinda Henry, WHO/HQ: A ministerial level panel met to review the current status of HIV vaccine research and development, as well as a range of challenges concerning Africa's active participation and contribution to this area, in collaboration with various stakeholders and partners.

About 200 HIV vaccine stakeholders, including African and international scientists, research agencies, donors and government and regional organization officials took part in the Third Forum of the African AIDS Vaccine Programme in Yaoundé, Cameroon from 17-19 October 2005. Mr Ephraim Inoni, Prime Minister of the Republic of Cameroon, opened the Forum.

Issues covered in the Forum included:

- Current status of HIV vaccines and present scientific challenges, including research in the EU and the US;

- Experiences of seven African countries in the development and implementation of National HIV Vaccine Plans: what has been done and what more is needed;
- Work of new partnerships and initiatives, such as the Global HIV Vaccine Enterprise, the International AIDS Vaccine Initiative (IAVI) and South African AIDS Vaccine Initiative (SAAVI);
- Ethical, legal and policy issues for clinical trials in Africa; and
- Development of strategies for future access to HIV vaccines.

The Forum is expected to produce a set of recommendations for future work to strengthen research capacity, particularly regarding the ability to conduct phase III trials in Africa.

As of end 2004, an estimated 25 million Africans were living with HIV out of the 40 million people infected worldwide. Five African countries are currently conducting phase I and phase II clinical trials of candidate HIV vaccines: Botswana, Kenya, Rwanda, South Africa, Uganda and soon, Tanzania. The first clinical HIV vaccine trial took place in the US in 1987. Eighty trials - including two phase II trials in Thailand and the United States which did not demonstrate any significant level of efficacy - have taken place throughout the world testing more than 50 different candidate vaccines. One large scale phase III trial involving 16,000 volunteers is under way in Thailand.

The Forum is organized by the African AIDS Vaccine Programme (AAVP), WHO/AFRO and the WHO-UNAIDS HIV Vaccine Initiative. AAVP is a network of African scientists working to promote and facilitate HIV vaccine research and evaluation in Africa, through capacity-building and regional and international collaboration. The first Forum was held in South Africa in 2001, the second in Ethiopia in 2003.

For more information, please contact Melinda Henry (henrym@who.int).

MENINGITIS

28/10/05 from Chris Nelson, WHO/HQ:

November 2005 will be a busy month for Trivalent *Neisseria meningitidis* A/C/W135 polysaccharide vaccine impact assessment activities. In Ghana, the 23m follow-up is being completed among adolescents and adults who received the vaccine in 2003. In Ethiopia, the evaluation among young children is being launched. Previous work has already shown the vaccine to be safe and effective. Current work focuses on evaluating the level and duration of protection provided by the vaccine.

In response to the emergence of epidemic Nm W135 disease in Burkina Faso during 2002, a public-private partnership was established between WHO and GSK Biologicals with financing from the Bill & Melinda Gates Foundation. This partnership

provided access to an appropriate and affordable trivalent meningococcal PS vaccine and established a stockpile for future use.

To date, nearly 2.5 million doses of the trivalent vaccine have been used for epidemic response in Burkina Faso (2003), Chad (2005) and Sudan (2005). Trivalent meningococcal PS vaccine will be one of the primary tools for epidemic response in African meningitis belt countries during the foreseeable future and until affordable conjugate vaccines are part of national immunization programs in the region.

MONITORING

28/10/05 from Marta Gacic-Dobo, WHO/HQ:

Updated **immunization data** up to 2004 is now available from:

http://www.who.int/immunization_monitoring/data/en/

It includes country specific immunization profiles (immunization coverage vaccines, incidence of vaccine preventable diseases, selected indicators on immunization systems and national immunization schedule) and time series of immunization coverage and number of reported cases from selected vaccine preventable diseases.

A **summary presentation** of key indicators for progress towards immunization goals is available from:

http://www.who.int/immunization_monitoring/data/SlidesGlobalImmunization.pdf

A **fact sheet** with updated data on global immunization coverage, vaccine preventable -diseases incidence and new vaccine introduction is available from:

http://www.who.int/immunization_monitoring/data/GlobalImmunizationData.pdf

POLIO

28/10/05 from Oliver Rosenbauer, WHO/HQ:

UN Visit:

During a high-level UN visit to Geneva, UN Secretary-General Kofi Annan was briefed on the global effort to eradicate polio by Dr. David Heymann, Representative for Polio Eradication at the WHO, as well as via video-link by Dr Georg Petersen, WHO Representative for Indonesia, specifically on progress to stopping the Indonesian polio epidemic currently threatening countries across Asia.

The Secretary-General assured Dr Heyman of UN's continued support, in particular to helping ensure the necessary financial resources are available to rapidly finish the job of polio eradication. The polio presentation was part of a WHO briefing to the Secretary-General on WHO's work on disease outbreaks including the risks of pandemic influenza.



Photo: UN Secretary-General Kofi Annan (second from left) is briefed on progress towards the global eradication of polio by Dr David Heymann (far right). The briefing was also attended by Dr LEE, Jong-wook, WHO Director-General (far-left).

New Tools to move polio eradication drive into final phase:

Strong advances in the remaining polio endemic areas and the recent introduction of new tools have moved the global polio eradication effort into its final phase in all but one country of the world. The conclusion reached this week in Geneva by the Advisory Committee on Polio Eradication (ACPE), the independent, technical oversight body of the Global Polio Eradication Initiative, is that polio could be finished within the next six months everywhere, except in Nigeria.

The recently-introduced monovalent oral polio vaccine (mOPV1), which accelerates protection to specific virus types, appears to have stopped transmission in Egypt and most areas of India - the two greatest technical challenges to polio eradication. Developed and licensed earlier this year in less than six months, mOPVs appear to work faster than traditional trivalent OPV to build immunity against specific polio types. The ACPE recommended that mOPV use be rapidly expanded to 'mop-up' the remaining polio strains worldwide, including in countries hit by outbreaks such as Indonesia, Yemen, Ethiopia, Somalia and Angola.

"The ACPE concluded that monovalent oral polio vaccines should be the 'workhorse' for the final phase of the global polio eradication effort," stated Dr Steve Cochi, Chairperson of the ACPE and Director of the National Immunization Programme, CDC. "The power and advantages of monovalent polio vaccines can now be fully used. Of the three types of poliovirus, type 2 has been eliminated since 1999 and type 3 is limited to three areas of focal transmission."

At the same time, however, the group singled out ongoing polio transmission in Nigeria as the single greatest risk to a polio-free world. The group concluded that at least a further 12 months were needed to finish the job in Nigeria, following the 12-month suspension of polio immunization in parts of the country in 2003/2004. The burden of

disease in Nigeria is 13-times higher than the endemic country with the next highest number of cases (India), while the decline in new cases this year has been slower than anticipated. The ACPE strongly endorsed efforts to improve the quality of immunization campaigns in Nigeria to ensure every child is reached, and the introduction of mOPVs to maximise the impact of each contact.

"As Nigeria intensifies its eradication effort, we will monitor the epidemiological situation there closely," continued Cochi, "and if necessary, provide further recommendations to polio-free countries to protect themselves from re-infection." Following a year dominated by high-profile outbreaks, the ACPE issued new guidelines requiring more rapid and large-scale immunization responses in such areas.

"The ACPE has concluded that all the tools are now in place to finish polio once and for all," concluded Cochi. "It is now up to the remaining polio-affected countries to effectively use these tools. There is no reason why polio should continue to exist anywhere in the world after next year."

The ACPE stressed that the success of these strategies is largely dependent on ensuring sufficient funds are rapidly made available. Multi-year, flexible funding for 2006-2008 is needed to cover polio immunization and surveillance activities. Most urgently, a US\$200 million funding gap for 2006 must be filled, US\$75 million of which is needed by November to ensure activities in the first quarter of 2006 can proceed.

Note: A 'mop-up' refers to a rapid and massive, house-to-house immunization response within four weeks of confirmation of a circulating poliovirus.

VACCINE MANAGEMENT

28/10/05 from Solo Kone, WHO/HQ: A conference on Cold Chain Distribution - Achieving best practices in the distribution of temperature sensitive pharmaceuticals was held in London from 11-13 October 2005. Key themes included:

- Examining the development of a cold chain system;
- Understanding cold chain airfreight qualification;
- Examining what lessons can be learnt from cold chain distribution in the food industry;
- Examining packaging developments for temperature-sensitive pharmaceuticals;
- Vaccine cold chain - examining how to ensure compliance and adhere to guidelines.

Key speakers at the event were from various organizations including Baxter BioPharma Solutions, Wyeth Pharmaceuticals, US Pharmacopoeia, US Army Medical Material Agency, University of Bristol, DePuy International, WHO, CDC, ACE European Group, PA Consulting, TCP Reliable, Trackflow, Zebra Technologies, Healthcare logistics.

More information can be found on <http://www.visiongain.com/coldchain>

GAVI-RELATED INFORMATION

REVIEW PROCESS

The next **Proposals Review** will be held from **31 October to 8 November 2005**. The deadline for receiving applications was **7 October 2005**.

COUNTRY INFORMATION¹ BY REGION

AMERICAS

REGIONAL INFORMATION

28/10/05 from PAHO:

EPI Managers' Meetings: Two more EPI Managers' Meetings will take place in 2005:

- The EPI Managers' Meeting for the Andean and Southern Cone countries will take place in Asuncion, Paraguay (24-25 October 2005);
- The EPI Managers' Meeting for the Caribbean Countries will take place in Bermuda (28 November to 2 December 2005).

Regional Workshop on Rotavirus

Surveillance: The workshop will take place in Rio de Janeiro, Brazil from 12-16 December 2005, with participants from all Latin America and collaboration from the Brazilian Ministry of Health and the Albert B Sabin Vaccine Institute. Its objectives are to:

- Standardize concepts on sentinel hospital surveillance; standardize indicators for evaluation of surveillance activities;
- Plan surveillance-related activities and prepare for the introduction of the new vaccines;
- Train participants on clinical, epidemiological and laboratory aspects of rotavirus infections.

Rubella Campaigns are taking place in Nicaragua, Peru and Colombia during the months of October and November 2005.

Regional TAG Meeting & Regional ICC/RWG

Meeting: These meetings will take place from 8-12 May 2006. The objectives of the TAG meeting are to review the latest scientific advances in vaccines and vaccine development, and to provide PAHO with technical advice on key issues facing its program of control of vaccine-preventable

¹ 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

diseases. The goal of the ICC/RWG meeting is to review the Region's strategies towards vaccine-preventable diseases and the opportunities for collaboration between partners, donors and stakeholders.

CUBA

28/10/05 from PAHO: The country has been approved for **injection safety support**, and is now preparing for its inception.

*COSTA RICA

28/10/05 from PAHO: A **data quality survey** will be conducted from 3-12 November 2005.

GUYANA

28/10/05 from PAHO: The country will fund 100% of **pentavalent vaccine** requirements in 2006, one year in advance of the end of New Vaccines support from GAVI.

HAITI

28/10/05 from PAHO: The country is planning appropriate follow-up to its 2002 **DQA**.

HONDURAS

28/10/05 from PAHO: The country's **EPI evaluation** and **cMYP** preparation are planned for the first quarter of 2006.

EAST & SOUTH AFRICA

BURUNDI

28/10/05 from AFRO E&S: The **DQA** is scheduled for the period between June and September 2006.

ERITREA

28/10/05 from AFRO E&S: The **EPI review** and **cMYP** have been rescheduled for the first quarter of 2006. This is due to the **nationwide polio SIAs** scheduled for 11-14 November 2005 and 16-19 December 2005. The detailed proposal for the EPI review and cMYP are being developed.

UGANDA

28/10/05 from AFRO E&S:

- There are **immunization coverage verification surveys** ongoing nationwide.
- The country has finalized its **EPI review** and drafted a **MYP**, 2006-2010. This was initiated with support from WHO/ICP and UNICEF ESARO. A joint WHO and UNICEF mission to facilitate development of a **costed MYP** has been proposed for 21-22 November 2005.
- **Polio mop-up** activities are planned for high risk districts during the national child health days in November 2005.

WEST & CENTRAL AFRICA

BENIN

28/10/05 from AFRO W&C:

- Two rounds of synchronized **NIDs** were organized this year, the first in February and the second in April. These were preceded by an official ceremony launched jointly by President Obasandjo of Nigeria and President Matthieu Kérékou of Benin.
- Of the 630,200 doses of **pentavalent vaccine** received by the country in March, 278,200 have been distributed in June 2005 for the start of the introduction of the vaccine nationwide. The official launch took place on 9 June 2005 in the district of AKPRO-Misserete, and was opened by the Minister of Health. The pentavalent vaccine has been introduced in all health centers in the country. The introduction of the vaccine has been preceded by decentralized training at all levels, followed by central level supervision.
- The **yellow fever** preventive campaign was conducted in 18 communes from three of the highest-risk districts: l'Atacora/Donga, Le Borgou/Alibori and Les Zou/Collines. The campaign vaccinated 1,153,843 of the targeted population (nine months and over), which represented 88% of the intended target.

EUROPEAN REGION

ALBANIA

28/10/05 from EURO: EURO is planning to provide technical assistance to the country to develop a **cMYP**. The current MYP ends in 2005.

ARMENIA

28/10/05 from EURO:

- The government is committed to use **AD syringes** for all vaccines. All donors are requested to provide injection safety equipment with vaccines.
- The country is a priority in the region for the **cMYP**. A consultant will be sent by end 2005 to initiate the process.

AZERBAIJAN

28/10/05 from EURO: A **measles-rubella** campaign will be conducted in early 2006.

SOUTH EAST ASIA REGION

REGIONAL INFORMATION

28/10/05 from SEARO:

Hib Initiative: Drs Rana Hajjeh, Mathuram Santosham and James Watt from Johns Hopkins

Bloomberg School of Public Health and Dr Patrick Zuber from WHO/HQ visited the regional office from 3-4 October 2005. The two-day discussion with the IVD Team in SEARO focused on the current knowledge and issues related to Hib disease in the countries of the Region. The meeting outlined broadly, the future needs and strategic directions towards supporting countries to better define the various issues surrounding Hib disease to enable countries to make a rational decision on vaccine use in the coming years.

ADIP: Drs Joseph Bresee and Robin Biellik from the Rotavirus Accelerated Vaccine Development and Introduction Plan (ADIP) visited the SEARO IVD Team on 7 October 2005. As part of the global surveillance network for rotavirus, the Rotavirus ADIP has set up an Asian Rotavirus Surveillance Network which provided excellent data on rotavirus epidemiology in Asia. The discussion with IVD focused on moving this surveillance from its current academic and research setting to be part of an integrated surveillance system for communicable diseases. In addition, discussions were also held on what additional work may be needed to encourage countries to review the potential benefits of introducing rotavirus in their immunization programmes.

BANGLADESH

28/10/05 from SEARO:

- The **DQS** took place from 9-14 October 2005.
- The **cMYP** will be drafted within the next six months.
- The WHO/UNICEF best estimates coverage for **HepB** is high, however, the country is phasing in and will complete the rest of the country this year.

BHUTAN

28/10/05 from SEARO:

- The **DQS** took place from 26-30 September October 2005.
- The **HepB impact study** is planned to be reviewed and implemented in the last quarter of 2005.

NEPAL

28/10/05 from SEARO:

- There will be a **RED training** for mid-level managers in the last week of November 2005.

- The far western and mid-western regions have started with **DTP-HepB** combination vaccine from July 2005. The rest of the country will continue with the monovalent vaccine till January 2006 and then switch to tetravalent from February 2006.

WESTERN PACIFIC REGION

REGIONAL INFORMATION

28/10/05 from WPRO: The regional **Hib Consultations** were held with the Global Hib team comprising of Dr. Rana and Dr Zuber in Manila in September 2005. Hib disease burden, vaccination status and future direction was discussed. It was decided to organize a bioregional meeting with SEARO in the first quarter of 2006 to further discuss the issues and come out with an action plan.

CHINA

28/10/05 from WPRO: The country is planning to develop a **National Measles Elimination Plan** in November 2005. WPRO is facilitating the development of the plan, which will be developed following an expert meeting and field visits.

MONGOLIA

28/10/05 from WPRO: WPRO and UNICEF provided technical assistance to facilitate the development of the **cMYP** (2006-2010), to review the impact of **HepB** vaccination program and results of **Hib** surveillance under new vaccines introduction. The country has almost finalized its cMYP and will submit it to GAVI.

PAPUA NEW GUINEA

28/10/05 from WPRO: Technical assistance was provided by WPRO and UNICEF to finalize the **cMYP** for 2006-2010, and to help prepare the GAVI application for the introduction of **Hib** vaccine (DTP-Hib) and ISS funds. PNG has already submitted their application for review in the November 2005 round.

VIETNAM

28/10/05 from WPRO: The country plans to have international validation of **maternal and neonatal** elimination status in November-December 2005.

END

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



LIST OF MEETINGS RELATED TO IMMUNIZATION

Regional Meetings and Key Events Related to Immunization: October 2005 - 2006					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Oct-05					
Updating Logistics for National Logisticians	03-Oct	07-Oct	Maputo	AFRO	AFR
ARCC Annual General Meeting	04-Oct	06-Oct	Lusaka, Zambia	AFRO	AFR
GAVI Global Working Group Meeting	05-Oct	06-Oct	Amsterdam	GAVI Secretariat	Global
Global Immunization Training Partnership	10-Oct	11-Oct	Geneva	WHO	Global
GAVI East & South African Regional Working Group and Monitoring Meetings	17-Oct	21-Oct	Harare, Zimbabwe	AFRO E&S	AFR
SEAR Global Training Network Course on Vaccine Management	17-Oct	21-Oct	Kohn Kaen, Thailand	SEARO	SEAR
European Immunization Week	17-Oct	23-Oct	Copenhagen	EURO	EUR
GAVI West & Central African Regional Working Group and Monitoring Meetings	24-Oct	28-Oct	Ouagadougou	AFRO W&C	AFR
EPI Managers Meeting for the Andean and Southern Cone Countries	24-Oct	25-Oct	Asuncion, Paraguay	PAHO	Americas
Measles/Rubella Laboratory Net Sub-Regional Meeting	25-Oct	27-Oct	tbd	EURO	EUR
Nov-05					
GAVI Working Group Meeting	02-Nov	03-Nov	Geneva	GAVI Secretariat	Global
57th Regional Directors' Meeting with WHO Representatives	14-Nov	18-Nov	New Delhi, India	SEARO	SEAR
SEAR Meeting to Develop Regional Reference Standard on Pertussis & JE Vaccines	14-Nov	18-Nov	Kasauli, India	SEARO	SEAR
European Sub-Regional Meeting of National Immunization Programme Managers	15-Nov	17-Nov	Antalya, Turkey	EURO	EUR
Viral Hepatitis Prevention Board (VHPB) Meeting	17-Nov	18-Nov	United Kingdom	EURO	EUR
SEAR Developing Countries Vaccine Regulators Network Meeting for Clinical Trials	17-Nov	25-Nov	Bangkok, Thailand	SEARO	SEAR
15th Meeting of the European Interagency Immunization Coordinating Committee	18-Nov	19-Nov	Antalya, Turkey	EURO	EUR
ICH Good Clinical Practices Training Workshop in South East Asia	21-Nov	25-Nov	Bangkok, Thailand	SEARO	SEAR
Caribbean EPI Managers Meeting	28-Nov	02-Dec	Bermuda	PAHO	Americas
AFRO Task Force on Immunization	28-Nov	01-Dec	Brazzaville	AFRO	AFR

Dec-05					
11th Meeting of the Regional Commission for the Certification (RCC) of Polio Eradication in WPRO	03-Dec	07-Dec	Manila, Philippines	WPRO	WPR
GAVI Board Meeting	06-Dec	06-Dec	New Delhi, India	GAVI Secretariat	Global
SEAR Global Training Network workshop on GMPs for Vaccines	06-Dec	16-Dec	Bandung, Indonesia	SEARO	SEAR
Joint GAVI/Vaccine Fund Board Meeting (a.m.)	07-Dec	07-Dec	New Delhi, India	GAVI Secretariat	Global
Vaccine Fund Board Meeting (p.m.)	07-Dec	07-Dec	New Delhi, India	GAVI Secretariat	Global
GAVI/VF Partners' Meeting: Opening Event	07-Dec	07-Dec	New Delhi, India	GAVI Secretariat	Global
GAVI/VF Partners' Meeting	08-Dec	09-Dec	New Delhi, India	GAVI Secretariat	Global
GAVI European Regional Working Group Meeting	08-Dec	08-Dec	Copenhagen	EURO	EUR
EMRO Measles-Rubella Inter-Country Meeting	11-Dec	13-Dec	Cairo, Egypt	EMRO	EMR
Intl. Workshop on Rotavirus Epidemiological Surveillance	12-Dec	16-Dec	Rio de Janeiro, Brazil	PAHO	Americas
GAVI Eastern Mediterranean Regional Working Group Meeting	14-Dec	15-Dec	Cairo, Egypt	EMRO	EMR
2006					
PAHO EPI TAG and ICC/RWG Meeting	08-May	12-May	tbd	PAHO	Americas
European Immunization Week	09-Oct	15-Oct		EURO	EUR