NEW RESEARCH RESULTS PUBLISHED ON 14 OCTOBER
30/10/2009 from Kaushik Banerjee, WHO/HQ:

The fallacy of coverage: uncovering disparities and improving immunization coverage - The Canadian International Immunization Initiative Phase 2 (CIII2) was published on 14 October 2009. The journal supplement, which contains 13 research articles, one introduction and one opinion piece, was published by BioMed Central's Journal of International Health and Human Rights. The articles present the results of a multi-country research project and explain why some children in developing countries are not receiving vaccines. The research also shows how targeted, low-cost interventions can increase vaccination rates, at times doubling or tripling the odds of children being vaccinated. The full journal article is available here. This five-year research initiative was launched in September 2003, as part of a larger programme funded by the Canadian International Development Agency and as part of the Global Health Research Initiative. Six research teams covering 12 countries were selected for funding, and the International Development Research Centre (IDRC) provided the technical oversight and administered the grants. For more information contact Dr. Sharmila Mhatre.

STRAIGHT ADVISORY GROUP OF EXPERTS ON IMMUNIZATION, 27-29 OCTOBER
30/10/2009 from Hayatee Hasan, WHO/HQ:

The Strategic Advisory Group of Experts (SAGE) on Immunization advises the Director-General of WHO on overall global policies and strategies, ranging from vaccine and technology, research and development to immunization delivery and its linkages with other health interventions. SAGE is concerned not just with childhood vaccines and immunization, but all vaccine-preventable diseases. In the meeting — held in Geneva from 27-29 October 2009 — SAGE discussed several important issues including the use of pandemic influenza A (H1N1) and cholera vaccines, progress towards the development of a malaria vaccine and recommendation on intermittent malaria treatment co-administered with immunization services, reviewing the feasibility of a proposed target date for measles eradication and discussing the progress in overcoming barriers to interrupting polio transmission. For more information on SAGE and the agenda click here.
WHO ISSUES POSITION ON MEASLES VACCINES IN ROUTINE IMMUNIZATION PROGRAMMES
30/10/2009 from Hayatee Hasan, WHO/HQ:

In its revised position paper published in the 28 August edition of the Weekly Epidemiological Record, WHO recommends the vaccination of all children with two doses of measles vaccine as the standard for all national immunization programmes. The second dose can be administered through routine services or given periodically through mass vaccination campaigns to defined age groups. The measles virus is highly infectious, and in the absence of vaccination, around 90% of children would suffer infection by ten years of age. Measles can be prevented by vaccination with a safe and effective vaccine. It is often incorporated with rubella, mumps and varicella (chickenpox) vaccines and is equally effective in the single or combined form. In 2007, an estimated 82% of the world’s children received one dose of measles vaccine by their first birthday. At the same time, about 197 000 people, mostly children under the age of five, still died from measles. To eliminate measles, countries need to reach at least 95% nationwide coverage with two doses of measles vaccine. To achieve reduction of measles mortality, vaccination coverage should reach at least 90% at the national level and 80% in each district. More information.

WHO ISSUES POSITION ON HEPATITIS B VACCINE
30/10/2009 from Hayatee Hasan, WHO/HQ:

WHO recommends — in its revised position paper published in the 2nd October edition of the Weekly Epidemiological Record — vaccination of all infants with one dose of hepatitis B vaccine as soon as possible after birth, preferably within 24 hours. This is crucial in areas of high hepatitis B endemicity but important even in intermediate and low endemicity areas. Delivery of hepatitis B vaccine within 24 hours of birth should be a performance measure for all national immunization programmes. This new recommendation — from WHO’s Strategic Advisory Group of Experts on Immunization — replaces the previous policy issued in 2004. It is estimated that about 2 billion people worldwide have been infected with hepatitis B virus (HBV); 360 million are chronically infected, of whom 600 000 individuals die each year from HBV associated liver cirrhosis. In highly endemic countries, HBV transmission occurs mainly perinatally or in early childhood, whereas in low endemic areas, HBV is more often contracted later in life, either through sexual contact or the use of contaminated needles. Unless vaccinated at birth, the majority of children born to contagious mothers (HBeAg carriers) become chronically infected. More information.

WORLD PNEUMONIA DAY, 2 NOVEMBER, 2009
30/10/2009 from Kavitha Nallathambi, PneumoADIP:

The Global Coalition Against Pneumonia includes nearly 100 members, including the GAVI Alliance, Save the Children, and ONE. Visit worldpneumoniaday.org to learn more and to join the coalition.

The PneumoADIP at the Johns Hopkins Bloomberg School of Public Health is helping support the Global Pneumonia Summit in New York, USA on November 2 as well as UK Parliamentary and U.S. Capitol Hill briefings on pneumonia prevention and control to commemorate the first-ever World Pneumonia Day. Additionally, the PneumoADIP is supporting advocacy activities of more than 20 organizations in countries including China, Democratic Republic of Congo, India, Malawi, Mali, Nepal, Nigeria, Pakistan, Philippines, and Uganda. Activities include public rallies, workshops with pediatricians, stakeholder meetings at the national level, and media campaigns with the goal of mobilizing grassroots-level advocacy for pneumonia control and prevention.
Technical Information

REDUCING CHILDHOOD DEATHS FROM DIARRHOEA
30/10/2009 from Hayatee Hasan, WHO/HQ:

Global campaigns to fight diarrhoea - the second deadliest illness for children - must be re-energized to prevent the deaths of millions in the developing world, UNICEF and WHO said in a new report on the disease released on Wednesday, 14 October 2009. "We know where children are dying of diarrhoea. We know what must be done to prevent those deaths. We must work with governments and partners to put this seven-point plan into action," said Dr Margaret Chan, Director-General of WHO. The report, Diarrhoea: why children are still dying and what can be done, lays out a seven-point plan that includes a treatment package to reduce childhood diarrhoea deaths and a prevention strategy to ensure long-term results. The seven specific points are:

- fluid replacement to prevent dehydration;
- zinc treatment;
- rotavirus and measles vaccinations;
- promotion of early and exclusive breastfeeding and vitamin A supplementation;
- promotion of hand washing with soap;
- improved water supply quantity and quality, including treatment and safe storage of household water;
- community-wide sanitation promotion.

The report results.

A NEW ONLINE TOOL FOR STRATEGIC PLANNING FOR MEASLES CONTROL
30/10/2009 from James Cheyne, PATH:

The Advanced Immunization Management (AIM) e-Learning website has recently launched a new module to support the World Health Organization’s computer-based Measles Strategic Planning (MSP) tool. The MSP was developed to help countries develop measles vaccination strategies to meet their measles control goals given resource limitations. The Measles Strategic Planning tool is ready for use – loaded with country-specific data that can be updated by the user.

The module can be used to:

- Serve as a technical resource about measles epidemiology and vaccination strategies.
- Download WHO's MSP tool and guide users on how to run the tool and interpret its results.
- Inform and defend a measles vaccination strategy based on current population susceptibility to measles and vaccination cost and management limitations.
- Help decision-makers and donors compare the estimated costs and impacts of different measles control strategies at the national level and, for India, at the state level.
- Access resources for further study in measles control.

Developed by WHO, PATH and partners, the MSP module provides information on disease characteristics and epidemiology that is critical for formulating effective measles control strategies. Users can review the costs and practical implications of measles vaccination programmes and test their understanding with a case study using the WHO Measles Strategic Planning Tool. The e-Learning module and planning tool are primarily aimed at immunization programme managers but will also be useful for country level programme officers, health care providers, public health educators, and public health managers. The module on Strategic Planning for Measles Control can be found online here and is also available on CD upon request to info@aim.path.org.

The broader Advanced Immunization Management e-Learning site also has modules on:

- Meningitis A vaccine (also in French)
- Rotavirus vaccine
- Hepatitis B vaccine (also in French and Russian)
- Japanese encephalitis vaccine
- Immunization financing (also in French, Russian and Bahasa Indonesia).
- An Excel tutorial (also in French)

The AIM homepage is: aim.path.org
**Technical Information**

**WHO, UNICEF AND THE WORLD BANK LAUNCH THE STATE OF THE WORLD’S VACCINES AND IMMUNIZATION REPORT**
30/10/2009 from Alison Brunier, WHO/HQ:

Leading officials from the World Health Organization, UNICEF and the World Bank joined global leaders in health policy from the GAVI Alliance, the U.S. Centers for Disease Control and Prevention (CDC), the Bill & Melinda Gates Foundation (BMGF), the United States Agency for International Development (USAID), industry representatives and civil society partners on 21 October in Washington D.C. to launch the 3rd edition of the State of the World’s Vaccines and Immunization. The report states that more infants are being immunized today than ever before — with a record 106 million receiving three doses of DTP-containing vaccine in 2008, according to new data. At the same time, its authors are calling on donor nations to address a funding gap of US$ 1 billion minimum per year that leaves millions of children still at risk, particularly in the poorest nations and communities, where preventable diseases take their highest toll.

**Part 1** examines the impact of immunization on efforts to meet the Millennium Development Goals, especially the goal to reduce deaths among children under five. It looks at the development and use of vaccines and at the safeguards that have been put in place to ensure their safety, efficacy, and quality. It sets out the progress and challenges in meeting the immunization-related global goals. It discusses both the cost of scaling up immunization coverage to meet these goals, and efforts to ensure that the achievements are sustainable in the long term. Finally, it looks beyond 2015 to likely changes in the immunization landscape.

**Part 2** describes over 20 vaccine-preventable diseases and reviews progress since 2000 in efforts to protect populations against these diseases through the use of vaccines.

The full report, an executive summary in Arabic, Chinese, English, French, Russian and Spanish, and related materials are available here.

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**COLD CHAIN AND LOGISTICS TASKFORCE**
30/10/2009 from Oz Mansoor, UNICEF

UNICEF is hosting the Cold Chain and Logistics (CCL) Taskforce for a workshop in New York on 2-4 November to reach agreement on the overall approach to strengthening CCL systems to enable new vaccine introduction. The intention is to produce guidelines on CCL system strengthening, as recommended at the NUVI retreat in June 2009, and reported on in June GIN. The workshop aims to identify issues that need to be addressed and to develop a consensus on working jointly together to build national capacity.

The CCL Taskforce will also review the vision and goals proposed at its first meeting in Nov 2007 (more information). One of the goals was to develop a framework for CCL strengthening, which will now be articulated in the proposed guidelines. The workshop recommendations for the CCL guidelines will be available for comment on the same web site by end of November for those who are interested in contributing to the content and vision of the guidelines. If there are specific topics/issues that you feel need to be addressed in the CCL guidelines, please write to Oz Mansoor.
Technical Information

GLOBAL POLIO ERADICATION INITIATIVE
30/10/2009 from Rod Curtis, WHO/HQ:
The Independent Evaluation of Major Barriers to Interrupting Poliovirus Transmission has been completed. Requested by WHO's Executive Board in January, two years after the start of the 'Intensified Polio Eradication Effort', the Evaluation was charged with identifying key strategies to tackle country-specific barriers in the remaining areas of polio transmission. On completing its review, the Evaluation Team has expressed confidence that if the managerial, security and technical issues can be addressed, "polio eradication can be achieved".

The Independent Evaluation has been received by the spearheading partners of the Global Polio Eradication Initiative, which are committed to turning the recommendations into concrete operational and managerial actions.

The final Independent Evaluation Report is currently being sent to Ministers of Health and other key stakeholders. The WHO Director-General, the Deputy Director General, and the Regional Directors and WHO Country Representatives of polio-affected regions will meet on 3 November to review the Independent Evaluation and discuss ways to rapidly implement key recommendations. On 17 November, the GPEI will convene a Special Consultation with the Advisory Committee on Polio Eradication, Ministries of Health and Core Partners to discuss priorities for operationalizing the recommendations of the Evaluation Team.

A range of technical advisory bodies at international and national level will also review the Report by the third week of November: the Strategic Advisory Group of Experts on Immunization (SAGE), India Expert Advisory Group, Polio Research Committee, and Technical Advisory Groups for other endemic countries. Finally, in January, the WHO Executive Board will review the findings and recommendations of the Independent Evaluation. The strategic decisions made by these bodies will form the foundation for a new three-year Programme of Work for Interrupting Wild Poliovirus Globally.

SECOND EPIVAC TECHNICAL CONFERENCE
30/10/2009 from Marine Prado, AMP

As part of its mission, the Réseau International EPIVAC (RIE) is organizing the 2nd EPIVAC technical conference, to be held at the Institut Régional de Santé Publique (IRSP) in Ouidah, Benin from 26 to 28 November 2009. With the goal of addressing current issues in sub-Saharan Africa and in EPIVAC countries, the 2009 conference will focus on the theme, “Performance of vaccination programs in sub-Saharan Africa: current state of affairs and good practices for better results”. Particular attention will be given to the following points:

- GAVI: lessons learned from the introduction of new vaccines in sub-Saharan Africa;
- obstacles and innovative solutions to public reluctance to vaccination;
- “zero-dose” children: practical case;
- influenza A (H1N1): situation, preparation, investigation and response.

The 2009 EPIVAC technical conference is made possible through financial support from the French Ministry of Foreign and European Affairs, AMP (Agence de Médecine Préventive) and Sanofi Pasteur.

Click here to enroll in the EPIVAC technical conference. More information on the EPIVAC training program.
GLOBAL IMMUNIZATION NEWS

“Immunizing in the context of global independence”

The information contained in this Newsletter depends upon your contributions

Please send inputs for inclusion to: sparrowe@who.int

GAVI related Information

GAVI ALLIANCE WELCOMES NEW FUNDING TO STRENGTHEN HEALTH SYSTEMS

30/10/2009 from Ariane Leroy, GAVI:

The GAVI Alliance welcomed a series of new financing measures for global health that will save the lives of millions of women and children in developing countries: an innovative health financing taskforce set up by world leaders announced financial measures worth US$ 5.3 billion. The innovative financing proposals include US$ 1 billion to expand the International Finance Facility for Immunisation (IFFIm) and enable substantial new investments in health systems. The package of new measures were announced at the United Nations in New York on 23 September at a meeting co-chaired by UK Prime Minister Gordon Brown and World Bank President Robert Zoellick.

For more details on the announcement: GAVI Media Centre; International Health Partnership

GAVI PARTICIPATION IN EUROPEAN DEVELOPMENT DAYS AND WORLD HEALTH SUMMIT

30/10/2009 from Ariane Leroy, GAVI:

GAVI was pleased to be involved in the organization of a forum entitled “Can the Health Millennium Development Goals still be met in times of crisis?”, which took place in Stockholm on 22 October, as part of the European Development Days 2009. Other key stakeholders involved in the organization of the event included The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, UNAIDS, the Stop AIDS Alliance, and AIDS Accountability International. The debate focused on the impact of the current economic crisis on global public health and the progress and challenges made towards the achievement of the health-related Millennium Development Goals.

Ms. Mary Robinson, Chair of the GAVI Alliance Board, delivered a keynote speech at the World Health Summit (Berlin, 4-18 October) on the subject of the realization of the human right to health through scientific innovation and new approaches to financing and delivering critical health services, particularly through global health partnerships.

Next GAVI Review Dates:

PROPOSAL REVIEWS - ISS, HSS, INS, New Vaccines & Measles 2nd Dose:


MONITORING IRC:

21 September - 3 October 2009
15-30 June 2010 and 20-24 September 2010
Submission deadline: 14 May 2010 for both rounds.
AFRICAN REGION:

MNT VALIDATION SURVEY IN MADAGASCAR
30/10/2009 from Constance Razairimanga WHO/MG and Marty Roper, WHO/HQ:

A community-based survey was conducted in Betsiboka Region, Madagascar from 28 September to 3 October 2009 to evaluate whether neonatal tetanus (NT) elimination had been achieved. NT elimination is defined as less than 1 NT case per 1000 live births in every district. The survey identified 2 NT deaths in a sample of 1380 live births, resulting in the conclusion that Betsiboka Region has not yet achieved NT elimination. Because at least one region still has an NT rate above 1 per 1000 LB, Madagascar can not yet be considered to have eliminated NT. Madagascar is planning additional strategies to ensure high tetanus vaccination coverage in women of reproductive age and improved access to clean delivery conditions in hard-to-reach areas.

TRAINING FOR USE OF DATA QUALITY SELF-ASSESSMENT IN CENTRAL AFRICAN REPUBLIC
30/10/2009 from Auguste Ambendet WHO/AFRO:

A training workshop for EPI managers on the use of the self-assessment tool for data quality of routine EPI was held from 22 to 26 September 2009, in Nzila (suburb of Bangui, CAR). The overall objective of this workshop was to improve the system for monitoring the quality of immunization activities and management of immunization data. More specifically, to:

- Raise awareness of new staff on the importance of adequate monitoring of immunization activities and the quality of EPI data;
- Strengthen the capacity of trainers in the methodology of DQS and the adaptation of the tool to their specific context on the basis of the 2007 workshop;
- Produce a plan to expand the use of DQS in routine immunization at district level.

The training was attended by: National EPI Managers; Regional Health Directors; Regional EPI focal points; heads of health care centres; EPI managers at district level and colleagues from EPI WHO/CAR.

AMERICAS:

REGIONAL INFORMATION
30/10/09 from Dr. Carolina Danovaro, WHO/PAHO

The fourth meeting of the American Regional Commission for Certification of Poliovirus Laboratory Containment and Verification of Polio-free Status (AMR-RCC) took place in Punta del Este, Uruguay, 7-8 October 2009. The AMR RCC was established by the PAHO Director, in February 2004 to independently document that the requirements for wild poliovirus laboratory containment have been fulfilled and to verify that the polio-free status of the Region of the Americas remains unchanged. The purpose of the meeting was to review the completeness and quality of Phase I activities from the last 11 countries. The submission of these final reports completes submissions from all PAHO Member States. During the meeting in Uruguay, the AMR RCC reviewed the submissions and presentations from the 11 countries and accepted the reports from 10 of them. The RCC requested an update for one of these countries. One country was asked to review its report and re-submit by 31 December 2009. The reports from four additional countries, not participating in this meeting, are expected to be re-submitted addressing the recommendations made during the 3rd meeting of the RCC in October 2008.
Country Information by Region

AMERICAS:
EL SALVADOR
30/10/09 from Dr. Carolina Danovaro, WHO/PAHO

An international EPI evaluation, complemented by a Data Quality Assessment, was conducted in El Salvador, 7-21 September 2009. The objectives of this evaluation were: to determine the level of development of El Salvador’s EPI, in each of its components, to evaluate the perception of the users, to ascertain the level of protection against VPDs in the population, to determine the challenges, and to assess the EPI’s preparedness for new vaccine introduction. During the evaluation, 86 health centers/posts were evaluated. Thirty-five political level interviews, 271 interviews with health workers at managerial and operational levels, and with 247 parents were conducted. The main findings were presented to the Minister of Health and health authorities from different levels. Additionally, a detailed report and a multiyear plan of action were developed.

EASTERN MEDITERRANEAN REGION:
REGIONAL INFORMATION
30/10/09 from Ezzedine Mohsni, WHO/EMRO

The WHO Regional Office for the Eastern Mediterranean (EMRO), in collaboration with UNICEF and other partners, is planning to join the global efforts of implementing Vaccination Weeks in April 2010. This initiative will focus on advocacy, education and communication activities, intending to increase awareness, mobilize resources and ensure political commitment. In this context, EMRO with colleagues and partners from PAHO, WHO EURO, and CDC-Atlanta organized a 2-day briefing/orientation on the Vaccination Week in the Eastern Mediterranean Region (VWEM). This briefing was intended to inspire and mobilize, and provide an opportunity for EPI managers and partners to exchange ideas and best practices. The Regional Office also presented two draft documents on the VWEM Framework and a guide which will be finalized in the coming weeks. Next steps include the design of advocacy and promotional materials, resource and media mobilization, preparations for the launching ceremony and monitoring and technical support.

EUROPE:
REGIONAL INFORMATION
30/10/09 from Leo Weakland, WHO/EURO:

Click here to download a copy of the tenth issue of EURO Immunization Monitor, dedicated to the regional response to pandemic (H1N1) 2009 Influenza

TAJIKISTAN

National Supplementary Immunization Activity - Nearly 2.3 million children between 1 and 14 years of age have been safely vaccinated against measles and rubella in Tajikistan during a nationwide immunization campaign. The campaign was launched by the Ministry of Health of Tajikistan on 28 September 2009 and successfully reached 97.1% immunization coverage within two weeks. The campaign was supported technically and financially by the Measles Initiative – US CDC, UN Children's Fund (UNICEF), World Health Organization (WHO) and International Federation of Red Cross and Red Crescent Societies (IFRC). Vaccinations were carried out in both cities and rural areas at health centres and through outreach activities, while mobile teams were deployed in remote mountain areas. The success of the campaign, as noted by international observers, was primarily assured by proper planning and eminent team work of national professionals with the support of international experts.

TURKEY

Vaccine Deployment Training for Regional Pandemic Influenza Response - 110 participants representing 21 countries from middle and eastern European Member States were scheduled to gather in Istanbul, Turkey from 26 to 30 October 2009 for training on policy, programmatic and logistics issues related to the deployment and administration of H1N1 vaccine. The overall goal of the training is to ensure the development or updating of national deployment plans for pandemic (H1N1) vaccine.
Country Information by Region

WESTERN PACIFIC REGION:
REGIONAL INFORMATION
26/08/09 from Manju Rani, WHO/WPRO

First informal consultation on the WHO Regional Reference and Global Specialized Japanese Encephalitis (JE) laboratories in the Western Pacific Region (WPR) in Beijing, China, 18 September 2009: Three WHO JE laboratories in China, Japan, Republic of Korea and WHO/WPRO had an informal consultation meeting to discuss the current status and future plans of the WPR JE laboratory network. Two participants from each country and 5 provincial lab staff from China attended the meeting. During the course of the meeting, the various issues of the WPR JE laboratory network, including validation of in-house and commercially available diagnostic assays, 1st proficiency test results, follow up actions of the regional hands-on training in Seoul and confirmatory testing and future accreditation plans were extensively discussed. Meeting participants made several recommendations to further strengthen the JE laboratory network in WPR.

WHO Annual Accreditation Visit to National and Sub-national (Provincial) Polio and Measles Laboratories in China by WHO HQ/WPRO and US CDC, 19 - 26 October 2009: Regional polio and measles laboratories in China CDC will be reviewed for their annual accreditation by experts from WHO HQ/WPRO and US CDC while 12 provincial polio and measles laboratories in Hubei, Jiangsu, Anhui, Hunan, Hainan. Fujian, Chongqing, Xinjiang, Guizhou, Yunnan, Inner Mongolia and Henan provinces will be reviewed by 6 groups of experts from WHO HQ/WPRO, US CDC, JICA and China CDC. A debriefing session to discuss the results of accreditation review for both regional reference (national) laboratories and provincial polio and measles laboratories was scheduled to be held on 26 October 2009.

Hands-on Training on the Laboratory Diagnosis of Measles and Rubella in the Western Pacific Region (WPR), Hong Kong, China, 27 - 31 October 2009: A five-day intensive workshop involving hands-on training on laboratory diagnosis of measles will be held in the Centre for Health Protection, Hong Kong, China. The 11 participants from eight member countries of WPR will be trained in laboratory techniques including ELISA, dried blood spot, cell culture and RT-PCR for confirmation of measles and rubella. Experts from US CDC and the National Institute for Infectious Diseases, Japan as well as from the Centre for Health Protection and WHO will participate in this training as facilitators. This hand-on training will provide updates on global measles and rubella laboratory networks and regional reporting systems and will contribute to strengthening of molecular surveillance for measles and rubella virus strains circulating in the region as well as to the consolidation of measles and rubella laboratory network in WPR.

HSS = Health Systems Strengthening; IST = Inter Country Support Team; ISS = Immunization Services Support; INS = Injection Safety Support; NVS = New Vaccine Support; DQA = Data Quality Audit; DQS = Data Quality Self Assessment; RED = Reach Every District; cMYP = Fully costed multi-year plan; NITAG = National Immunization Technical Advisory Group; NRA = National Regulatory Authority

“Immunizing in the context of global independence”
### 2009 Meetings

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<th>Location</th>
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<td>Workshop to monitor the implementation of GIVS and cMYPs in West &amp; Central Africa</td>
<td>20-Oct</td>
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<td>Sub-Regional training to prepare countries in Central America, Mexico and Spanish-speaking countries for the introduction of pandemic influenza vaccine</td>
<td>21-Oct</td>
<td>23-Oct</td>
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<td>Vaccination Safety Meeting</td>
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<td>Sub-Regional training to prepare countries in South America for the introduction of pandemic influenza vaccine</td>
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<td>Strategic Advisory Group of Experts (SAGE) meeting</td>
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<td>Vaccination Safety Meeting</td>
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<td>WPRO Technical Consultation on Comprehensive Prevention and Control of Cervical Cancer</td>
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<td>Global Network for Post-marketing Surveillance for Newly Prequalified Vaccines</td>
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<td>West &amp; Central African Sub-Regional Working Group Meeting</td>
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<td>Sub-Regional training to prepare countries in the English-Speaking Caribbean for the introduction of pandemic influenza vaccine</td>
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<td>26th Meeting of the Caribbean Expanded Program on Immunization Managers</td>
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<td>ProVac Workshop on Pneumococcus</td>
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<td>HPV surveillance and monitoring meeting</td>
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<td>International evaluation of the bacterial pneumonia and meningitis surveillance system in Guatemala (PAHO-CDC)</td>
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<td>GAVI Partners Meeting</td>
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<td>Measles and Rubella Elimination and ISIS</td>
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<td>Global Advisory Committee on Vaccine Safety (GACVS)</td>
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<td>Workshop update and adoption of monitoring mechanisms of CHP in the countries of Central Africa</td>
<td>03-Dec</td>
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<td>Global Vaccine Research Forum (GVRF)</td>
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<td>Annual Regional Conference on Immunization, Harare, Zimbabwe</td>
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<td>Regional Meeting on Polio Laboratories</td>
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<td>African Regional Inter-Agency Coordination Committee</td>
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<td>Expert Consultation on Mumps</td>
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<td>Data Management Workshop</td>
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<td>Manila, Philippines</td>
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### 2010 Meetings

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<tr>
<th>Title of Meeting</th>
<th>Start</th>
<th>Finish</th>
<th>Location</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Immunization Meeting (2010)</td>
<td>01-Feb</td>
<td>03-Feb</td>
<td>CICG, Geneva</td>
<td>Global</td>
</tr>
<tr>
<td>First Annual Immunization Week in the Eastern Mediterranean Region</td>
<td>April</td>
<td>April</td>
<td>Regional</td>
<td>EMRO</td>
</tr>
<tr>
<td>Global Meeting on Implementing New and Under-utilized Vaccines</td>
<td>23-Jun</td>
<td>25-Jun</td>
<td>Switzerland</td>
<td>Global</td>
</tr>
</tbody>
</table>
Links Relevant to Immunization

**Global Websites**
- Department of Immunization, Vaccines & Biologicals, World Health Organization
- WHO New Vaccines
- Immunization Financing
- Immunization Monitoring
- Agence de Médecine Préventive
- EPIVAC
- GAVI Alliance Website
- IMMUNIZATION basics (JSI)
- PATH Vaccine Resource Library
- SABIN Sustainable Immunization Financing
- SIVAC Program Website
- UNICEF Supply Division Website
- Hib Initiative Website
- Japanese Encephalitis Resources
- Malaria Vaccine Initiative
- Measles Initiative
- Meningitis Vaccine Project
- Multinational Influenza Seasonal Mortality Study (MISMS)
- RotaADIP
- RHO Cervical Cancer (HPV Vaccine)
- WHO/ICO Information Center on HPV and Cervical Cancer
- SIGN Updates
- Technet

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

**Newsletters**
- PAHO/Comprehensive Family Immunization Program-FCH: Immunization Newsletter

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