News

MORE CHILDREN IMMUNIZED IN ETHIOPIA
31/10/2012 from Hayatee Hasan, WHO HQ

A new approach to routine immunization in the rural Afar region in north-eastern Ethiopia nearly quadrupled the numbers of children vaccinated against measles, diphtheria, pertussis, tetanus, polio and other diseases in 2010 (from as low as 22% to nearly 80% coverage in the target area). The immunization activity used “community champions” to encourage nomadic, pastoral families to have their children vaccinated and introduced new approaches such as task shifting to improve service delivery to these hard-to-reach populations. For more information, go to this webpage.

BOLIVIAN URU CHIPAYA COMMUNITY RECEIVES PAHO IMMUNIZATION AWARD
31/10/2012 from Jennifer Sanwogou, PAHO

The Uru Chipaya Ethnic Group of the Oruro Department of Bolivia received the 2011 Pan American Health Organization (PAHO) Immunization Award for their activities to keep immunization coverage close to 100% in their area. The group was presented with a certificate of recognition, as well as a monetary gift in the amount of three thousand US dollars at the twentieth Meeting of PAHO’s Technical Advisory Group (TAG) on Vaccine-preventable Diseases on 17 October 2012 in Washington, D.C (article in this issue of the GIN). PAHO created the Immunization Award to recognize outstanding contributions to a national immunization programme and to the control and/or elimination of vaccine-preventable diseases.

Despite extreme poverty conditions, marginalization and iniquity, the Uru Chipaya Ethnic Group of Bolivia made extraordinary contributions in the control and elimination of vaccine-preventable diseases. In the last 15 years, the municipality reached more than 95% vaccination coverage, even reaching 100% coverage in some years. Since 2000, the community no longer has confirmed cases of measles, rubella or neonatal tetanus, in addition to other vaccine-preventable diseases, such as polio and diphtheria, which have not occurred in 24 years.

Their achievements were made possible by making immunization and health promotion a top priority. In 2001, the community put nearly 60% of its financial resources into health, education and basic hygiene. The group established and maintained a strong alliance with the community, indigenous authorities and health personnel. Other activities to increase success in health included the development and use of creative tactics to prevent morbidity and mortality in the community; ensuring vaccination completion for teenagers, senior citizens and migrant groups; increasing vaccination hours and; promoting health in schools.

AWARD

Members of the Uru Chipaya Ethnic Group of the Orurru Department of Bolivia receiving the 2011 PAHO Immunization Award
INTRODUCTION OF THE PNEUMOCOCCAL VACCINE IN THE REPUBLIC OF CONGO
31/10/2012 from Auguste Ambendet, WHO IST Central

The official ceremony for the introduction of this vaccine took place on 1 October 2012 at the Paediatric clinic in Talangai, in the sixth district of Brazzaville, under the patronage of the wife of the Head of State, Antoinette Sassou Nguesso. The Minister of Health and Population, François Ibovi, the UNICEF representative in Congo, Marianne Flash, the Ambassador of Italy in Congo, Nicolo Tassoni Estense, as well as other personalities were also present at the ceremony.

The Minister of Health and Population has reassured that all conditions were already met to ensure the smooth running of this vaccination. Actions to rehabilitate the Cold chain were undertaken. Indeed, with the support from WHO and UNICEF, the Ministry of Health acquired three cold rooms of 40 m3 each, 193 electric refrigerators and freezers and 43 solar refrigerators. The objective is to improve the preservation of vaccines.

In order to improve immunization practices, training sessions of vaccinators were organized throughout the country. In total, 910 vaccinators were trained and will be deployed to the field.

PAKISTAN IS THE FIRST SOUTH ASIAN COUNTRY TO LAUNCH VACCINE AGAINST CHILDHOOD PNEUMONIA
31/10/2012 from Hayatee Hasan, WHO HQ

In October 2012, Pakistan introduced a new vaccine to protect Pakistani children from pneumonia – a disease that takes the lives of approximately 1.3 million children globally before their fifth birthday. With this launch, Pakistan becomes the first country in South Asia to introduce the pneumococcal vaccine.

The latest UN estimates indicate that pneumonia accounts for 18% of child mortality - the primary cause of death among young children globally. In Pakistan, more than 352,000 children die before reaching their fifth birthday and almost one in five of these deaths are due to pneumonia. While the new pneumococcal vaccines cannot prevent every case of pneumonia, they do prevent a significant proportion of cases and therefore have the potential to save tens of thousands of lives from preventable sickness and death. For more information, go to this webpage.

POST-INTRODUCTION EVALUATION OF THE PNEUMOCOCCAL VACCINE IN THE CENTRAL AFRICAN REPUBLIC
31/10/2012 from Auguste Ambendet and Dah Ould Cheik, WHO IST Central

The Central African Republic (CAR) introduced the pneumococcal vaccine (PCV13) in its routine Expanded Programme on Immunization (EPI) on 1 July 2011. In order to follow up on implementation of the vaccine and any possible impact its introduction may have had on the routine programme, a Post-introduction Evaluation (PIE) was held from 1-10 October 2012 under the coordination of the WHO Intercountry Support Team (IST) for Central Africa. The review used the standard WHO PIE Tool, adapted to the local context, a tool that is comparable to a rapid evaluation of the National Immunization Programme, to help quickly highlight the benefits of introducing the new vaccine into the EPI and to identify any possible problems that warrant correction or provide lessons learned for future introductions.

The main results of the review were:

- Generally smooth introduction with a detailed calendar of activities available to guide the introduction; good (80%) level of satisfaction of health workers with the training provided to enable them to confidently introduce the vaccine, and ongoing supportive supervision in place to reinforce the key message provided during the introduction.
- There were, however, some problems observed with cold chain capacity and waste management facilities, and drop out rates between the 1st and 3rd doses of PCV13 were documented. Furthermore, the general knowledge of caregivers on the protection offered by the new vaccine (and traditional vaccines) was low. Key recommendations to address the problems observed include: An improved focus on vaccine management and cold chain maintenance; Investment in waste management facilities at health facility level; Increased notification of AEFI; and Systematic provision of IEC opportunities for caregivers during immunization sessions.
**TYPHOID VACCINATION IN THE KATHMANDU VALLEY**
31/10/2012 from Deepak Bajracharya, Group for Technical Assistance, Kathmandu, Nepal and Chris Nelson, Coalition against Typhoid (CaT) Secretariat

In December 2010, the Nepali National Committee for Immunization Practice (NCIP) recommended the prioritization of typhoid vaccination as part of a comprehensive control programme. The decision was based on evidence that typhoid fever is highly endemic throughout the Kathmandu Valley, that multidrug resistant typhoid was widespread and growing, and that improved water and basic sanitation projects were not planned in the near future. In addition, typhoid vaccination has been used effectively in several other Asian countries including China, Thailand and Vietnam. As part of the implementation process, the NCIP also recommended that a school-based demonstration project be conducted.

Following this recommendation, the Ministry of Health and Population (MoHP) approved a demonstration project targeting school children in grades 1-10 from Lalitpur District in the Kathmandu Valley. This project was implemented with support from the International Vaccine Institute (IVI).

The typhoid vaccination demonstration project aimed to increase awareness of the disease and preventive measures through an extensive sensitization and social mobilization campaign followed by vaccination. Social mobilization included meetings with school administration, parents, students and other major stakeholders from the community. In two phases, 77,765 children in the schools of Lalitpur district were vaccinated from September to December 2011. School participation was high, 99% of schools participated in the programme.

Based on this success, the MOHP extended the project to a second district. The Bhaktapur school-based typhoid vaccination project followed similar steps of sensitization, social mobilization and vaccination. During the period December 2011 – January 2012 a total of 342 schools were visited and approximately 66,000 children were vaccinated.

Results from the demonstration projects were presented in a July 2012 meeting with government officials and public health groups in Nepal. In the coming months, discussions will be held with government agencies regarding next steps for the prevention of typhoid fever in the Kathmandu valley.

**UGANDA DECLARED END OF EBOLA OUTBREAK ON FOURTH OCTOBER 2012 IN KIBAALE DISTRICT**
31/10/2012 from Makumbi Issa, Ministry of Health, Ethiopia

This was 42 days without any patient since the last Ebola patient was discharged. The outbreak was contained at source. No other district was involved. The mortality was markedly reduced compared to other Ebola outbreaks in Uganda.

Even the turnaround time(TAT) for confirmation of the outbreak has reduced from four weeks to 36-48hrs. The success is attributed to Government commitment and a well-coordinated response in collaboration with development partners.

**EXTERNAL EVALUATION OF THE NATIONAL IMMUNIZATION PROGRAMME OF THE CENTRAL AFRICAN REPUBLIC (CAR)**
31/10/2012 from Auguste Ambendet, WHO IST Central

The CAR Ministry of Health has planned the external review of the national immunization programme from 15 November-15 December 2012. This review will be coupled with an immunization coverage survey and a Knowledge, Attitude and Practices (KAP) survey.

WHO and UNICEF are supporting the countries in the preparation and fund raising of these activities according to schedule.
NATIONAL IMMUNIZATION PROGRAMME REVIEW AND IMMUNIZATION PROGRAMME MANAGERS WORKSHOP IN KOSOVO, 1-12 OCTOBER 2012
31/10/2012 from Oya Zeren Afsar, UNICEF CEECIS

UNICEF Regional Office for Central and Eastern Europe Commonwealth of Independent States (CEECIS) coordinated a comprehensive review of the national immunization programme in Kosovo from 1-9 October 2012. UNICEF Supply Division, UNICEF Kosovo, WHO/EURO, WHO Kosovo and US CDC participated in the review to team up with national counterparts from Ministry of Health and National Institute of Public Health. The review followed a standard framework used in the European region and analysed strengths and weaknesses at national, subnational and health facility levels across nine programmatic areas.

The findings revealed that the immunization programme remains strong, accessing more than 95% of children. Key policies and strategic plans covering the next 5 years need to be updated to take into account the changes due to structural health system reforms, including financing and decision-making on the introduction of new vaccines. It was found that to reach vulnerable populations and alleviate inequities in immunization coverage, ongoing outreach and special strategies are needed. Revitalization of AFP surveillance and strategies to provide catch up immunization to accumulated populations susceptible to measles and rubella will be crucial in achieving disease control objectives.

Findings and recommendations of the review have been discussed with national counterparts and stakeholders in a debriefing chaired by the Minister of Health. A plan of action will be agreed on to define next steps.

Following the review, immunization programme managers from the municipalities of Kosovo as well as focal points from National and Regional Institutes of Public Health came together in an annual workshop supported by UNICEF Kosovo from 10-12 October 2012. First day of the workshop included global and regional agency updates on immunization and VPD by UNICEF, WHO and CDC, while the second day was devoted to detailed presentation and discussion on the programme review findings and recommendations. On the third day, participants had the opportunity to be briefed on AEFI surveillance and to discuss their needs and expectations on strengthening the

TURKMENISTAN RECEIVED TARGETED TECHNICAL ASSISTANCE TO STRENGTHEN COLD CHAIN AND VACCINE LOGISTICS AT NATIONAL AND DISTRICT LEVELS
31/10/2012 from Oya Zeren Afsar, UNICEF CEE/CIS

UNICEF Turkmenistan has provided technical consultancy support to the Ministry of Health and Medical Industry (MOHMI) in strengthening the national cold chain system in line with international standards. The mission took place in August 2012 with the following achievements:

- Newly established cold rooms in four provinces were visited on-site, quality and performance were tested, local authorities were assisted to ensure required maintenance,
- Continuous electronic temperature monitoring devices were installed in each provincial store and computerized monitoring systems were tested,
- Local staff were trained to use, maintain and analyse the data from the continuous electronic temperature monitoring system,
- Primary vaccine store was reviewed to document progress towards certification, recommendations were provided on priority improvement areas,
- MoH counterparts were briefed on global developments and new tools for cold chain inventory and Effective Vaccine Management (EVM).

Turkmenistan graduated from GAVI in 2005 and since then, the government is determined to provide the required programmatic and financial support to strengthen immunization. Cold rooms and temperature monitoring devices for the provincial stores, as well as a range of other cold chain equipment were procured by the MOHMI through UNICEF. The second phase of this technical support will take place early 2013 to cover the remaining provincial and primary cold stores.
INTERNATIONAL EVALUATION OF COLOMBIA’S EXPANDED PROGRAMME ON IMMUNIZATION
31/10/2012 from Carolina Danovaro, Lucia Oliveira and Cara Janusz, PAHO-WDC; Cristina Pedreira, PAHO-Colombia

A comprehensive international evaluation of Colombia’s Expanded Programme on Immunization (EPI) took place from 27 August-7 September 2012. The evaluation of the data quality component of the EPI evaluation started earlier, on 23 August 2012, as it was a full data quality self-assessment (DQS) including a review of the national immunization registry being rolled-out in the country. The primary objective of the international evaluation was to: assess the organization, structure, and operation of the national EPI to maintain achievements in the elimination of some vaccine-preventable diseases (VPDs); address the unfinished immunization agenda by making the benefits of vaccination available to all; and, address new challenges such as the introduction of new vaccines. Evaluators visited six departments and the capital district of Bogotá, 24 municipalities, and 53 health care centres (public and private), and performed 686 interviews. Of those interviewed, 85 were from the political spheres, 65 EPI managers, over 100 managers from other programmes or representatives of cooperation agencies or institutions, and 383 users.

Compared to the previous international EPI evaluation in 2001, Colombia’s EPI has been strengthened and has a high technical quality team. Likewise, a national immunization technical advisory group (TAG), with prestigious professionals, has been constituted and works closely with the EPI providing timely recommendations. Campaigns to eliminate rubella and follow-up measles–rubella campaigns, as well as a national plan to control yellow fever have been implemented. Surveillance indicators for VPDs under elimination/eradication have improved. Finally, new vaccines such as rotavirus, seasonal influenza, pneumococcal conjugate vaccine, and HPV have been introduced, the latter in August 2012. The evaluation also highlighted a decreasing trend in coverage rates and several challenges, many related to the country’s health system, that do not promote job stability for health care personnel working in immunization. Data quality was variable between the departments evaluated, with problems in numerator and denominator data being highlighted. However, the implementation of a national immunization registry, positively viewed by the users interviewed, is well underway. Data quality and registry implementation experiences from Bogotá were suggested as useful to move the national immunization registry implementation process forward.

A number of other recommendations were proposed and the activities that need to take place in order to meet those recommendations have been included in a five-year comprehensive action plan for 2013-2017.

MATERNAL AND NEONATAL TETANUS ELIMINATION (MNTE) PRE-VALIDATION MISSION TO SIERRA LEONE
31/10/2012 from Dr Ismaila Nuhu Maksha, UNICEF, Sierra Leone

Sierra Leone has been implementing MNTE activities in line with the Global Strategy since 2007. Between 2007 and 2008, three rounds of Tetanus Toxoid (TT) campaigns have been conducted in all 13 Districts. In 2010 the Lot Quality Survey (LQS) showed that the country did not attain elimination status and was provided with recommendations for improving coverage of TT and clean deliveries. The second phase of campaigns was completed in 2011 targeting five districts and schools in two districts.

As a follow-up to the validation process, an assessment team comprising staff from UNICEF New York Headquarters (HQ), UNICEF Regional Office in Dakar, Senegal and consultant from WHO/HQ Geneva, Switzerland visited Sierra Leone and jointly with WHO, UNICEF and Ministry of Health and Sanitation (MOHS) country team members conducted a desk review of data, followed by visits to the poor performing districts. This joint exercise took place from 12-20 September 2012. The mission visited three poorly performing districts (Kambia, Koinadugu and Port Loko), six Peripheral Health Units (PHUs), 12 communities and interviewed a total of 240 women of child-bearing age and 120 women with children less than two years. The review of health facilities and rapid community surveys indicated that women of reproductive health have close to 80% TT2+ coverage and therefore protection against tetanus. The findings also showed that though clean delivery coverage has improved in the two last years following “free health care service” for women and children, many women still deliver their babies home. The assessment also reviewed health service delivery in those districts. The assessment concluded that the country is ready for validation and therefore MOHS can claim elimination and request WHO to conduct a validation survey. The survey is likely to take place in early 2013.
PROVAC INITIATIVE PROVIDES SUPPORT TO HONDURAS TO BEGIN COSTING STUDY OF ROUTINE EPI
31/10/2012 from Ida Berenice Molina, Honduras EPI; Barbara Jauregui and Cara Janusz, PAHO

From 24-28 September 2012, the ProVac Initiative led a planning mission to Honduras to begin preparations for a comprehensive costing study of the routine Expanded Programme on Immunization (EPI). Honduras has introduced rotavirus in 2009 and pneumococcal conjugate vaccines in 2011 with support from the GAVI Alliance. In preparation for its upcoming GAVI-graduation, the country has requested support from the Pan American Health Organization’s (PAHO) ProVac Initiative to explore routine programme costs and financial flows to better inform long-term financial sustainability plans.

Currently, the country has relied on central level cost and expenditure data to estimate the total unit costs of the EPI. With the implementation of the ProVac EPI Costing Tool and the ProVac data collection methodology, developed in collaboration with the Harvard Centre for Health Decision Science and the National University of Colombia, Honduras seeks to explore current programme costs at the different levels of the programme, including service delivery sites, regional programme offices and vaccine distribution sites.

During the first two days of the mission, the ProVac team worked with the national EPI staff to draft key components of the study protocol. In addition, the team visited health facility sites and regional programme offices to determine the level of data availability and quality. With this information, the team developed a sample design that includes eight purposefully-selected sanitary regions and 71 randomly selected health facilities within these regions. The sample includes both rural and urban areas of the country, and is designed to facilitate extensive data collection at all three administrative levels (central, regional and municipal levels). Lastly, the team reviewed the data collection instruments that are companions to the ProVac EPI Costing Tool and incorporated revisions to the surveys to reflect the Honduran health system structure.

The ProVac Initiative will continue to work with the local EPI staff for the next few months to refine the data collection protocol and instruments before a training visit in early January 2012 to launch the data collection phase. This study is part of a multi-country routine immunization programme costing grant funded by the Bill and Melinda Gates Foundation to develop precise estimates on routine programme costs and financial flows.

The final day of the visit also gave the ProVac team and EPI staff an opportunity to discuss plans to perform a cost-effectiveness analysis on strategies to strengthen the cervical cancer programme, including improved screening strategies and an evaluation of the possible introduction of an HPV vaccine. The EPI convened key immunization stakeholders and cervical cancer programme staff to discuss data availability and data collection plans for populating the ProVac CERVIVAC Model, a comprehensive cost-effectiveness model to evaluate HPV vaccine introduction among adolescent girls and strengthened screening strategies among adult women, ineligible for the vaccine.

THE DECADE OF VACCINES COLLABORATION COMMITS TO IMPROVING THE HEALTH AND LIVES OF WOMEN AND CHILDREN
31/10/2012 from Hayatee Hasan, WHO HQ

Every Woman Every Child is mobilizing hundreds of partners to advance the Global Strategy for Women’s and Children’s Health. All partners have an important role to play: governments and policymakers, donor countries and philanthropic institutions, the United Nations and other multilateral organizations, civil society, the business community, health workers and their professional associations, and academic and research institutions. In October 2012, the Decade of Vaccines Collaboration submitted its commitment to Every Woman Every Child to improve the health and lives of women and children everywhere by systematically addressing their unmet needs in immunization. To read the statement by the Decade of Vaccines Collaboration, click on this link.
STUDY OF MISSED OPPORTUNITIES AS A STRATEGY TO INCREASE VACCINATION UPTAKE IN THE DOMINICAN REPUBLIC
31/10/2012 from Martha Velandia, Pamela Bravo, PAHO-Washington DC, Irene Leal, PAHO-Dominican Republic, Pierce Trumbo, PAHO consultant

From 1-9 October 2012, the Dominican Republic implemented a study, with support from the Pan American Health Organization (PAHO), to assess missed vaccination opportunities in hospitals and health centres across the country in order to identify factors contributing to low coverage levels in high-risk municipalities (DPT3 coverage < 85%). The results of the study will help develop and implement interventions in the short and long-term.

The study included 38 municipalities in the country’s eight regions. Municipalities were selected based on the following criteria: poverty; average coverage level of pentavalent 3 for 2011 <85%; population size of children aged <1 year by municipality; proximity of municipality to the Haitian border and tourist areas; and fulfillment of measles and rubella surveillance indicators. To ensure a representative sample, surveys were conducted at hospitals and primary health care units in both urban and rural areas (n=75).

Interviewers administered a questionnaire to parents/guardians of children aged <5 years and women of childbearing age at the exit of healthcare facilities. Additionally, an anonymous questionnaire was administered to healthcare workers, with an emphasis on workers in vaccination posts, primary health care physicians, paediatricians, and gynaecologists. The latter survey served to identify knowledge gaps, incorrect vaccination practices, and the participant’s level of motivation toward vaccination services.

The study found missed opportunities for vaccination due to: 1) health care personnel beliefs; 2) parent or guardian issues; and 3) the quality and organization of the immunization programme. The preliminary results will be presented to the national authorities at the end of November 2012.

The Dominican Republic is the first country in the Region to use PAHO’s new standardized protocol and surveying tools for assessing missed vaccination opportunities. PAHO developed these tools and tested them in Mexico and in a pilot project in the Dominican Republic prior to the study. The results of this study will allow countries to implement effective and timely corrective measures at the local level and address the persistent challenge of reaching under-immunized children.

The protocol and surveying tools in both English and Spanish will be available by the end of December 2012.

SABIN SUSTAINABLE IMMUNIZATION FINANCING PROGRAMME ADDS THREE NEW COUNTRIES
31/10/2012 from Mariya Savchuk, Sabin Vaccine Institute

In July 2012, the Sabin Vaccine Institute’s Sustainable Immunization Financing Programme (SIF) received a grant from the GAVI Alliance to undertake advocacy activities in three new countries - Bhutan, Mongolia and Vietnam. In April and June, preparatory Joint WHO/GAVI/Sabin missions were conducted, respectively, in Bhutan and Mongolia. The teams examined post-GAVI vaccine procurement plans, financing and legislation in these two GAVI-graduating countries. Both countries finance their immunization programmes through innovative, ring-fenced funds which are supported by national legislation. A joint GAVI/Sabin mission to Vietnam took place on 29 October-2 November. Although not yet a graduating country, Vietnam is already manufacturing its own traditional vaccines. The National Institute of Hygiene and Epidemiology, which houses the national EPI programme, is collaborating with WHO and other partners to estimate the cost effectiveness of introducing newer vaccines. These estimates will form part of the country’s expanded EPI investment case. For more information on the Sabin SIF Programme, click here.
MYANMAR LAUNCHES IMMUNIZATION INTENSIFICATION PROGRAMME TO PROTECT MORE CHILDREN
31/10/2012 from Vinod Bura, WHO Myanmar

Myanmar has been able to achieve fairly good EPI coverage in the past 3-4 years. The reported administrative coverage for all EPI antigen exceed 85%, which has significantly reduced the burden of vaccine preventable diseases. The coming months are bright ones for vaccines with two new vaccines to be introduced in 2012.

The challenge is the maintenance of high uniform coverage rates of existing vaccines. Immunization rates are stagnating due to: shortage of DPT vaccine, migration population, unfilled vacancies, insecure areas and weak monitoring.

On 12 September 2012, a National Level Ceremony was held at Nay Pyi Taw to launch “Intensification of Routine Immunization” The aim is to reach 80 % DTP3 coverage uniformly in all health centres in every township of the country. To achieve this, the programme identified an additional 70,000 children to be vaccinated in selected low coverage villages & health centres in 179 townships that missed their immunization. This will be done in two phases as part of intensification drive in October and November 2012. The strategy to reach additional children is a comprehensive analysis of the key determinants for sub optimal routine immunization coverage at township and health centre level, mapping of missed children, designing local strategies for better implementation in consultation with local authorities, adequate supply of all antigens with an enhanced supervision. New micro plans have been drawn which specifically targets missed children and defaulter tracking is now part of session planning.

As part of intensification efforts, the Ministry of Health has also initiated some policy changes in the Immunization programme, such as the use of Multi dose open vial policy, flexible session plan, operational cost for outreach session which will help health workers reach more areas and children. Health workers are being trained not only to deliver effective immunization services but also enhanced interpersonal skills to assure parents on benefits of vaccination.

Myanmar will be introducing Pentavalent vaccine and routine measles second dose from November 2012.

Obituary

DR CLÁUDIO MARCOS DA SILVEIRA: IN MEMORIAM
31/10/2012 from Carolina Danovaro and Leticia Linn, PAHO and Ciro de Quadros, Sabin Vaccine Institute

Dr Cláudio Marcos da Silveira, a Brazilian epidemiologist who played an important role in the implementation of immunization programs in the Americas, passed away on 28 August 2012 after losing a battle with cancer. During his years working for the Pan American Health Organization (PAHO), he collaborated in the development and implementation of several immunization strategies that resulted in the regional control and elimination of various vaccine-preventable diseases, notably the regional elimination of polio and measles, and was one of the main architects of the strategy that eliminated neonatal tetanus as a public health problem in most countries of the Americas.

For more information on Dr da Silveira’s life, please visit this link.
Meetings/Workshops

MYANMAR DEPARTMENT OF HEALTH, UNICEF AND WHO SENSITIZE MEDIA ABOUT PENTAVALENT VACCINE INTRODUCTION AND INTENSIFICATION OF ROUTINE IMMUNIZATION, YANGON, MYANMAR, 22-23 OCTOBER 2012
31/10/2012 from L. Homero Hernandez, WHO SEARO

As Myanmar prepares to launch the introduction of Hib vaccine as well as pentavalent and routine measles second dose during the first week of November 2012, a media workshop was jointly organized between the Department of Health, UNICEF and WHO.

The first objective of the workshop was to ensure the media is sensitized and provided factual information about the benefits of introducing pentavalent vaccine and need for second dose of measles in the country. The second objective was to use the opportunity to raise awareness on intensification of routine immunization and the reasons why this is a major priority in the country at the moment.

Myanmar is experiencing historic changes at the moment and one of the latest is the proactively engaging media for health. During the current week, the president held the first press conference since being elected to the presidency in early 2011.

State media as well as private firms were invited from print, radio and TV. Over 25 participants attended and listened to presentations from the National Committee of Immunization Practices (NCIP), the Department of Health, UNICEF and WHO. During the second day, group work was organized to allow for the development of draft storylines and future articles which the participants agreed to use once the new vaccines are introduced in Myanmar.

Contributions and enthusiasm from the participants exceeded the expectations of the organizers. The information provided to the media highlighted the need to reach the unreached and misconceptions about immunization in general as well as the benefit of vaccines.

As Myanmar continues to implement reforms and use the power of media more widely, early engagement in a strategic manner will be critical to ensure a well-informed public embraces vaccines as a public good and personal benefit – addressing demand and uptake of new vaccines in the future.

WHO ANNUAL ACCREDITATION VISIT TO NATIONAL AND SUBNATIONAL (PROVINCIAL) POLIO AND MEASLES/RUBEAL LABORATORIES AND NATIONAL JAPANESE ENCEPHALITIS (JE) LABORATORY IN CHINA BY WHO HQ/WPRO, HPA AND JICA EXPERTS, 27 AUGUST-6 SEPTEMBER 2012
31/10/2012 from Youngmee Jee, WHO WPRO

WHO conducted the on-site review of WHO regional reference polio, measles and Japanese Encephalitis (JE) laboratories in China CDC for the annual accreditation during 27-29 August 2012 and of 11 provincial polio and measles/rubella laboratories in Anhui, Chongqing, Fujian, Hainan, Henan, Hubei, Hunan, Inner Mongolia, Jiangsu, Xinjiang and Zhejiang provinces during 30 August-5 September 2012 in collaboration with the Health Protection Agency UK, Japan International Cooperation Agency (JICA) and China Centers for Disease Control and Prevention (CDC).

After the wild polio outbreak in Xinjiang, China CDC decided to introduce the new algorithm for virus isolation and real-time Polymerase Chain Reaction (PCR) for intratypic differentiation of polioviruses and vaccine derived polioviruses among provincial polio laboratories officially from January 2013. The findings and recommendations from the accreditation review were debriefed and discussed with MoH China and China CDC on 6 September 2012. The WHO regional reference laboratories for polio, measles and JE in China CDC, all 11 polio provincial laboratories and ten measles provincial laboratories were fully accredited for 2013 by the review teams.
The Regional Review Meeting on Immunization combined the annual EPI Managers meeting with an overall review of progress on Intensification of Routine Immunization in the region. Participants from all Member States, UNICEF, development and technical partners took part in the discussions and provided feedback on progress and challenges facing countries.

Of particular importance was the progress showed in countries implementing intensification activities targeting low-performing districts through their plans of action. Emphasis was given to ensure activities continue to be implemented and monitoring and supervision are strengthened. Although countries reported on process and implementation this year, progress on increased coverage in the targeted districts of each country needs to be reported during the 66th Regional Committee in September 2013.

Three sessions and all group work also focused on carrying out detailed discussions regarding progress implementing intensification activities as well as challenges to do the same. One of the group work sessions addressed the need to strengthen advocacy and communication strategies supporting intensification activities. Other group work focused on urban population challenges, reaching the unreached and monitoring and evaluation. As the closing session took place, recommendations were agreed upon and refined with consensus from all participants. A clear and ambitious agenda will see the region strive for major achievements in the coming 12 to 24 months. These were as follows:

- Achieving targets for intensification of routine immunization
- Establishing a regional measles elimination goal during 2013
- As part of Decade of Vaccines, develop regional and national vaccine action plans
- Ensuring Polio Certification successfully completed by early 2014

For the first time, on the afternoon of the meeting, a partners’ session was organized. The objective was to establish an improved dialogue and forum whereby technical partners and donors are able to openly and informally share their current priorities and funding status supporting their work in countries.

The Twentieth Meeting of the Pan American Health Organization’s (PAHO) Technical Advisory Group (TAG) on Vaccine-preventable Diseases was held from 17-19 October 2012 in Washington, D.C. Participants included focal points from PAHO’s country offices, US Centres for Disease Control and Prevention (CDC), Bill and Melinda Gates Foundation, World Health Organization (WHO), WHO-EMRO, Médecins Sans Frontières/Doctors Without Borders, GAVI Alliance, UNICEF, among others.

The slogan for the meeting, “Paving the Way for Immunization”, reflected the Region’s leadership in immunization in the global context. The purpose of the meeting was to draft TAG recommendations on how to address current and future challenges facing immunization programmes in the Americas. In addition to the decision-making sessions, the secretariat for the meeting presented an updated report on the progress of the implementation of previous TAG recommendations. Lastly, the secretariat reported on initiatives being executed and progress in the area of immunization.

The twentieth TAG Meeting addressed several topics including polio vaccines; use of thiomersal in vaccines; age restriction on rotavirus vaccine administration; Decade of Vaccines; evidence on pertussis; proposal for standardizing PAHO’s TAG procedures; PAHO’s Revolving Fund in the current global vaccine market; improving regional vaccine production capacity to meet the needs of the Americas; measles, rubella and Congenital Rubella Syndrome (CRS) elimination in the Region of the Americas; Haiti’s immunization programme; and cholera vaccination in the Americas.
The sixth annual Mini EPI- Managers Meeting of the Dutch Caribbean was held in Sint Maarten, from 13-14 September 2012. The “mini-meeting” presented an opportunity for EPI managers from each island, to come together with representatives of the Immunization Department of the National Institute for Public Health and the Environment in the Kingdom of the Netherlands, to share experiences regarding their respective immunization programmes, strengthening inter-island collaboration to guarantee uniformity in programmes and create synergies between the EPI programmes of the Dutch Caribbean and of the Netherlands.

This is the first mini-EPI meeting since the constitutional change for the Netherlands Antilles went into effect on 10 October 2010, when Curacao and Sint Maarten joined Aruba in becoming autonomous countries in the Kingdom of the Netherlands, and the remaining islands – Bonaire, Saba, and St Eustatius—became public entities or municipalities of the Netherlands.

The objectives of the meeting were to discuss how the constitutional change influenced the EPI programme in each country individually, in the Dutch Caribbean; link plans and activities of countries for more efficient and effective programme management; decide on arrangements to guarantee uniformity in programmes; establish agreements on formal collaboration on EPI matters between the Dutch Caribbean and the Netherlands; discuss the introduction of new vaccines in the Dutch Caribbean islands; and construct an official brief to be presented to policy makers in the Government regarding the proposed programme collaboration that is required among countries.

Over the course of the meeting, representatives from each island presented an overview of the state of affairs in 2012 and upcoming plans for 2013. In addition, two working groups were established to conduct a Strength Weakness Opportunity Threat (SWOT) analysis about the new status with regard to the EPI programme and to discuss opportunities for strengthened collaboration between the island and the Kingdom of the Netherlands to guarantee uniformity among programmes.

“NEW VACCINES TO SAVE MORE LIVES”—SCIENTIFIC SYMPOSIUM IN HAITI EXAMINES THE QUALITIES AND IMPACT OF NEW VACCINES IN THE REDUCTION OF CHILD MORBIDITY AND MORTALITY IN THE CONTEXT OF THE INTRODUCTION OF THE DTP-HIB-HEP B PENTAVALENT VACCINE

Haiti’s Ministry of Public Health and Population, the Pan American Health Organization (PAHO/WHO) and the Centres for Disease Control and Prevention (CDC) conducted a successful symposium in Haiti entitled, “Introduction of New Vaccines in Haiti’s Immunization Programme.”

Nine well-known global experts arrived in Port-au-Prince to share information and scientific evidence on new vaccines. The topics discussed by experts were: the introduction of new vaccines in the Americas; current state of immunization in Haiti; global control of Haemophilus influenza type b (Hib); introduction and lessons learned from the rotavirus vaccine; introduction of the pneumococcal conjugate vaccine; cervical cancer and the human papilloma-virus vaccine (HPV); and lastly, the oral cholera vaccine.

With more than 250 health professionals in attendance, Dr Guilaine Raymond, Director-General of Haiti’s Ministry of Public Health and Population; Dr Jon Andrus, PAHO’s Deputy Director; and Dr Jordan Tappero, CDC Director, recommended the urgent need to reinvigorate the National Immunization Programme in order to have a modern and efficient programme, capable of impacting the health of the child population of Haiti.

The symposium is part of an extensive process to strengthen the National Programme whose first milestone included the successful vaccination of more than 2.7 million children against measles, rubella, and polio earlier this year. The next step is the introduction of the pentavalent vaccine – using support from the GAVI Alliance – at the national level in the coming days.
IMMUNIZATION IN THE AMERICAS: 2012 SUMMARY NOW AVAILABLE
31/10/2012 from Carolina Danovaro, Carmelita Pacis and Nabely Castillo, PAHO

The Immunization in the Americas brochure is published every year by the Comprehensive Family Immunization Project of the Pan American Health Organization (PAHO). Its objective is to highlight the key data on vaccine-preventable diseases and the provision of immunization services in the countries of the Americas.

In May 2012, the 65th World Health Assembly (WHA) endorsed a new Global Vaccines Action Plan (GVAP). GVAP reiterates existing goals in the fight against vaccine-preventable diseases and sets new ones for the decade, with the aim of expanding the benefits of vaccines to all people. With its ambitious goals and its emphasis on monitoring and accountability, GVAP brings immunization data monitoring to the forefront of the global immunization agenda. Since it was first published in 2005, Immunization in the Americas has served as a benchmark for monitoring the progress of national immunization programmes of the Region of the Americas. It will continue serving as the regional immunization data dissemination tool to monitor progress as the GVAP is implemented in the Western Hemisphere.

Copies of the brochure, available in English, Spanish, and French, can be obtained by sending a request. Electronic versions are available on the PAHO Immunization’s web page.

EXPAND THE NETWORK

Invite a friend, colleague, organization or network to subscribe to the GIN. Invite them to subscribe by asking them to send an email to listserv@who.int with the following exact text in the body of the email: “subscribe GLOBALIMMUNIZATIONNEWS”
# Regional Meetings and Key Events Related to Immunization

<table>
<thead>
<tr>
<th>Dates</th>
<th>Title of Meeting</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NOVEMBER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05-09</td>
<td>Sustainable Immunization Financing Programme (SIF), Sabin Vaccine Institute Legislative Workshop</td>
<td>Bamako, Mali</td>
</tr>
<tr>
<td>06-08</td>
<td>WHO Global Strategic Advisory Group of Experts (SAGE) on immunization</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>08-09</td>
<td>Asia-Pacific Leadership and Policy Dialogue for Women’s and Children’s Health</td>
<td>Manila, Philippines</td>
</tr>
<tr>
<td>11-13</td>
<td>Global Action Plan for Prevention and Control of Pneumonia (GAPP) in Eastern Mediterranean countries</td>
<td>Khartoum, Sudan</td>
</tr>
<tr>
<td>12-16</td>
<td>Workshop on cMYP Development for countries in East &amp; Southern Africa</td>
<td>Johannesburg, Republic of South Africa</td>
</tr>
<tr>
<td>14-15</td>
<td>EMRO Regional Working Group Meeting</td>
<td>Djibouti</td>
</tr>
<tr>
<td>14-17</td>
<td>Sustainable Immunization Financing Programme (SIF), Sabin Vaccine Institute Legislative Workshop</td>
<td>Kinshasa, DR Congo</td>
</tr>
<tr>
<td>20-21</td>
<td>Global Vaccine Safety Initiative Meeting</td>
<td>Hurghada, Egypt</td>
</tr>
<tr>
<td>22-23</td>
<td>Global Vaccine Safety Initiative, Planning Group Meeting</td>
<td>Hurghada, Egypt</td>
</tr>
<tr>
<td>22-24</td>
<td>Sustainable Immunization Financing Programme (SIF), Sabin Vaccine Institute National Parliamentary Briefing</td>
<td>Yaoundé, Cameroon</td>
</tr>
<tr>
<td>27-28</td>
<td>Annual Cold Chain and Logistics Taskforce Workshop</td>
<td>New York, USA</td>
</tr>
<tr>
<td>28-30</td>
<td>Workshop for the Revision of Planning and Costing Tools for countries in the Americas</td>
<td>Washington DC</td>
</tr>
<tr>
<td>28-30</td>
<td>Workshop on Graduating Countries in the Americas</td>
<td>Washington DC</td>
</tr>
<tr>
<td>29</td>
<td>16th Meeting of the European Regional Working Group for the Global Alliance for Vaccines and Immunization (GAVI)</td>
<td>Istanbul, Turkey</td>
</tr>
<tr>
<td>29-30</td>
<td>Working Meeting on Influenza Vaccine Effectiveness Studies in Central America</td>
<td>Panama City, Panama</td>
</tr>
<tr>
<td>30-01</td>
<td>Global Workshop on Graduating Countries</td>
<td>Istanbul, Turkey</td>
</tr>
<tr>
<td><strong>DECEMBER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03-07</td>
<td>Meeting to Review Rapid Surveillance Assessment Protocols in the Americas</td>
<td>Chile</td>
</tr>
<tr>
<td>04-06</td>
<td>Pre-GACVS and Global Advisory Committee on Vaccine Safety (GACVS) meetings</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>05-07</td>
<td>The GAVI Alliance Partners’ Forum</td>
<td>Dar-es-Salaam, Tanzania</td>
</tr>
<tr>
<td>10-12</td>
<td>Annual Regional Conference on Immunization (ARCI)</td>
<td>Dar-es-Salaam, Tanzania</td>
</tr>
<tr>
<td>13</td>
<td>African Regional Inter-Agency Coordination Committee (ARICC)</td>
<td>Dar-es-Salaam, Tanzania</td>
</tr>
<tr>
<td>11-13</td>
<td>South-East Asia Regional Consultation on New Vaccine Introduction</td>
<td>Bangkok, Thailand</td>
</tr>
<tr>
<td>14</td>
<td>South-East Asia Regional Consultation on the Polio End Game</td>
<td>Bangkok, Thailand</td>
</tr>
<tr>
<td>16-20</td>
<td>Surveillance and Monitoring Workshop for Eastern Mediterranean Countries</td>
<td>Cairo, Egypt</td>
</tr>
</tbody>
</table>
# Regional Meetings and Key Events Related to Immunization

<table>
<thead>
<tr>
<th>Dates</th>
<th>Title of Meeting</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEBRUARY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05-11</td>
<td>TechNet21 meeting</td>
<td>Dakar, Senegal</td>
</tr>
<tr>
<td>MARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-02</td>
<td>8th International Conference on Typhoid and Other Invasive Salmonellosis</td>
<td>Dhaka, Bangladesh</td>
</tr>
<tr>
<td>20-21</td>
<td>Vaccine Product, Price and Procurement (V3P) Project: Steering Committee Meeting</td>
<td>Geneva, Switzerland</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)
- International Vaccine Institute
- PATH Vaccine Resource Library
- Dengue Vaccine Initiative
- 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
- Vaccine Information Management System

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

### Global Websites
- International Vaccine Access Center
- American Red Cross Child Survival
- PAHO ProVac Initiative
- NUVI Website
- Gardasil Access Program
- Maternal and Child Health Integrated Program (MCHIP)
- LOGIVAC Project
- Africhol
- Coalition Against Typhoid

### Newsletters
- PAHO/Comprehensive Family Immunization Program-FCH: Immunization Newsletter
- The Civil Society Dose - A quarterly newsletter of the GAVI CSO Constituency
- Optimize Newsletter
- Technet Digest