News

Post-introductory evaluation of the pneumococcal conjugated and inactivated polio myelitis vaccines in Bangladesh

Wijesinghe Pushpa Ranjan and Nihal Abeysinghe, World Health Organization, Regional Office for South-East Asia; Stephen Chacko and Jayantha Liyanage, WHO Country Office, Bangladesh

Bangladesh, a pioneer in new vaccine introductions in the WHO’s South-East Asia region, simultaneously introduced the Pneumococcal Conjugated Vaccine (PCV) and Inactivated Poliomyelitis Vaccine (IPV) in March 2015. At the request of the Ministry of Health and Family Welfare, WHO’s South East Asia Regional Office (SEARO) and the WHO Country Office in Bangladesh supported a post introductory evaluation (PIE) in November 2015.

The PIE assessed: (a) strengths and weaknesses of immunization service delivery at all health care delivery levels, current vaccine distribution mechanisms and cold chain management, (b) injection safety and immunization waste management practices for sharps, (c) the capacity for management of Adverse Events Following Immunization, and (d) described lessons learned from the process of introducing two new vaccines simultaneously.

Eight PIE teams consisting of one international evaluator and two national evaluators in a team visited 17 districts/City Corporations, 29 health facilities, observed 40 immunization sessions and interviewed 106 mothers /caregivers and 29 health care workers. The PIE concluded that the well-performing immunization programme effectively executed the simultaneous roll-out of PCV and IPV.

The PIE observed a drop in the PCV 3rd dose relative to the pentavalent 3rd dose. However, there was a decreasing trend in the drop-out rates from the launch to months nearer the PIE. Hence the recommendation from the PIE was that Bangladesh should closely monitor the coverage of the PCV 3rd dose relative to the pentavalent 3rd dose with a view to investigating the causes and consider options for improvements, including revisiting the EPI schedule if the coverage drop persists. The PIE also recommended close monitoring of immunization performance in the Dhaka City Corporation and improvements to the immunization waste management system. Specific recommendations were provided to the programme managers to improve respective technical areas in the immunization system.

In additional reporting on the Bangladesh IPV/PCV Post Introduction Evaluation by Julie Garon, Emory University:

The evaluation found the new vaccines to be easily absorbed into a strong and well respected routine EPI program which currently provides high quality services to over 90% of its targeted population. Much of this success can be attributed to comprehensive training, good management and a skilled workforce of motivated and knowledgeable health workers. Clear community trust in the health system and effective social mobilization created strong caregiver demand for immunization services, allowing for quick adaptation to the new immunization schedule.

The successful introduction of PCV and IPV in Bangladesh paves the way for future introductions in the country. By introducing two vaccines at once, the EPI program was able to share costs and combine the time needed for some activities such as training, vaccine transport and supervision. The substantial burden of pneumonia in the country led to strong interest among health workers and parents resulting in high PCV uptake after introduction among the community. With IPV as well as OPV now in the routine immunization schedule, children in Bangladesh are more completely protected against polio of all types. Introduction of IPV denotes Bangladesh’s significant progress in working toward the polio eradication endgame, globally and serves as an example to all countries following in its footsteps.
Preparations accelerate towards the OPV switch
Will Green, WHO HQ

Only six weeks remain until what may be the largest ever globally synchronized effort in immunization; the switch from trivalent oral polio vaccine (tOPV) to bivalent OPV (bOPV) in April 2016.

To fully eradicate polio, all oral polio vaccines will be phased out entirely, starting with removal of the type 2 component of tOPV, in the switch to bOPV.

Of the three poliovirus types (types 1, 2, and 3), type 2 wild poliovirus has been declared as eradicated, with the last case seen in 1999. Routine use of type 2-containing vaccine is therefore no longer needed.

Withdrawal of the type 2 component of OPV must be synchronized globally, to avoid the rare risk of continuously generating type 2 vaccine-derived polioviruses. Optimum planning and coordination is therefore required, for this step to help contribute to pushing overall eradication over the finish line.

Considerations for country preparations
All OPV-using countries should now have received their last deliveries of tOPV and be making their last distributions of tOPV, in line with inventories previously conducted. This will help to minimize any wastage throughout the immunization system.

In parallel, initial bOPV deliveries to OPV-using countries have started. Bivalent OPV should be distributed to district level facilities at least two weeks before the switch to ensure adequate supply is available in close proximity to populations, as soon as it is required after tOPV removal. This should also take into account cold chain capacity at all levels.

It will also be necessary to ensure that tOPV is fully removed from the cold chain after the national switch date, so plans should work to guarantee that this step is implemented effectively.

Regional workshops
A series of regional workshops are taking place in February and March 2016, to help support the intensification of national planning. In addition to topics such as microplanning, monitoring, and validation, the workshops will explore challenges and gaps related to switch implementation, as well as potential solutions to address any issues that can be anticipated.

With careful planning and thorough oversight, the switch will represent a huge achievement for the polio programme and help provide a basis for the eventual withdrawal of all OPV, following interruption of poliovirus types 1 and 3.

For more information on the OPV switch and materials to guide planning and implementation across areas such as logistics, communication, training, monitoring, and validation.

Securing a Polio-Free World: Video Series
Leilia Dore, WHO Polio Department

This series of six videos explain the important steps that are being taken to make sure that, once the poliovirus has been eradicated, it will never have the opportunity to return. We have never been closer to achieving our goal, but there is much still to be done to secure a polio-free world.

Once wild polio has been eradicated, the only risks of the virus returning would come from rare strains of circulating vaccine derived polioviruses, and from potential leaks of the virus from laboratories or vaccine manufacturers.

This series of videos will explain the work being done to address these risks: from the vaccines that are being used to stop polio; to how the oral polio vaccine is being phased out from April 2016 to remove any risk of vaccine-derived polioviruses, starting with the switch from trivalent to bivalent oral polio vaccine in April 2016; and how securely containing polioviruses within laboratories and vaccine manufacturing sites will keep every last child protected, long into the future.

Find out more at this [link](#).
Past Meetings/Workshops

Meeting of the Regional Measles and Rubella Laboratory Network

Gloria Rey-Benito, Pan American Health Organization

Location: Quito, Ecuador

Date: 9-10 February 2016

Participants: 25 participants representing National Measles and Rubella Laboratories from 12 countries (Chile, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay and Peru), as well as representatives from regional and sub-regional measles and rubella laboratories [Brazil, Canada, Caribbean Public Health Agency (CARPHA)], the U.S. Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO) and the Pan American Health Organization (PAHO).

Purpose: - Review the progress, achievements and challenges of the Regional Measles and Rubella Laboratory Network; - Monitor the performance of the Laboratory Network and the implementation of recommendations; - Conduct interactive presentations on measles and rubella cases and on the status of Zika virus circulation in the Region of the Americas.

Details: Although there are some issues that should be improved in order to have a better and more timely response in the context of low incidence and new events of impact in public health, the Regional Laboratory Network is generally doing well and supporting the elimination of rubella and the verification of the elimination of measles. The Region’s measles and rubella laboratories are invited to implement the main recommendations related to quality assurance/quality control, laboratory confirmation and the enhancement of molecular surveillance.
Utilization of Mobile Technology for Rapid Convenience Monitoring (RCM) during Measles-Rubella Campaign 2016 in Nepal

Sanjita Thapa, WHO Country Office Nepal

Location: Ten districts in the Western, Mid-Western & Far-Western Region of Nepal

Date: 7-29 February 2016

Participants: District Supervisors from ten districts of Nepal including the District Health Officers & EPI Supervisors.

Purpose: WHO-IPD in coordination with the Child Health Division (CHD) is conducting Measles-Rubella Campaign (MRC) in phase-wise manner (Phases II-IV) from February 2016 - April 2016 in Nepal. MRC Phase I has already been completed in the 14 earthquake affected districts in August 2015. Mobile technology is being utilized for Rapid Convenience Monitoring (RCM) reporting during MRC-Phase II in ten selected districts of Nepal to test its feasibility & utility for intra-campaign monitoring. RCM is designed to quickly scan for unvaccinated children in high-risk areas (low immunization coverage, hard to reach/remote areas etc.) and if any unvaccinated child/household is found, teams revisit the area and vaccinate the children who were missed and this provides district supervisors with a quick impression of the completeness of vaccination. This scheduled MR follow up campaign will ensure the vaccination status of children eligible for measles-rubella vaccination. This campaign also welcomed the opportunity to provide children with oral polio vaccine (children up to five years of age) along with MR vaccine (children from nine months to five years of age).

Details: 10 District Supervisors in each of the 10 selected districts responsible for carrying out the RCMs were trained by the WHO-IPD team on how to use mobile phone during RCM in their respective districts. Each district supervisor would be required to conduct RCM twice within the campaign period involving surveying of 15 households and assessing ten children at a public place like markets, bus stops etc. to ascertain the MR vaccination status of the children of those specific “high-risk” areas. Training took place from 28 January – 2 February 2016 in those ten districts. Ten phones were distributed to each of the districts during the training with RCM tools already installed on them. The most significant component of the mobile reporting is the convenience of monitoring of RCM teams and remedial action planning depending on the status of the specific district through the action and team monitoring dashboard. The results for key performance indicators available in a dashboard to all levels of the health system (central, regional, district) provide immense support for adequate supervision and remedial action-planning where required.
Resources

**eLearning module on immunization coverage data now available**

Jhilmil Bahl and David Oh, WHO-HQ

In 2014, the Immunization eLearning Initiative, a collaboration between WHO and UNICEF, launched to provide WHO and UNICEF immunization staff in all roles with access to training in areas considered vital for the advancement of the Global Vaccine Action Plan and its vision that everyone lives a life free from vaccine preventable disease. After the initial launch of Immunization Staff Orientation course, we are pleased to announce the release of **Immunization Coverage Data** course. This course focuses on understanding immunization information systems, how to assess the quality of coverage data, and use coverage data for driving programmatic actions in EPI programmes. The course is roughly 2.5 hours in length, broken down into five modules:

- Introduction to Coverage Monitoring
- Data quality: Completeness and Consistency Checks
- Data quality: Trend Analysis and Validation
- Interpreting Immunization Data
- From Data to Decisions

Integrating both theoretical and practical, hands-on exercises using sample datasets, this course aims to equip immunization staff at the national level with fundamental skills and knowledge required to adequately understand and use immunization coverage data.

This course is currently available for WHO users on the WHO iLearn Platform at [http://ilearn.who.int/](http://ilearn.who.int/) (with the course title Immunization Coverage Data) and for UNICEF users on [https://agora.unicef.org](https://agora.unicef.org). For users outside of WHO or UNICEF, the course is available through [https://extranet.who.int/elearn/course/view.php?id=33](https://extranet.who.int/elearn/course/view.php?id=33). At the end of the course, users can take an assessment and obtain a certificate provided they pass the exam.

If you have any questions or feedback regarding the course, please do not hesitate to contact Jhilmil Bahl (bahlj@who.int).


This document provides additional focus and detail on routine immunization strengthening and coverage improvement activities and strategies resulting from the Global Vaccine Action Plan 2011-2020 (GVAP), endorsed by the World Health Assembly in May 2012.

The document provides a cohesive delivery and advocacy platforms for routine immunization globally, an integral part to achieving the vision expressed in GVAP. It also provides a commonly agreed upon routine immunization mission statement within disease specific initiatives, to seek to emphasize the required systems strengthening and extension of the reach of routine immunization to support the disease specific and more child health aims. It finally describes nine key investments that are viewed as critical to building routine immunization systems and improving coverage in the next five years.
## Calendar

### 2016

#### February

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>29-25 Mar</td>
<td>Institut Pasteur Vaccinology Course</td>
<td>Paris, France</td>
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#### March

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<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>7-11</td>
<td>PAHO Meeting of the Regional Measles and Rubella Laboratory Network</td>
<td>Bogota, Colombia</td>
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<tr>
<td>15-17</td>
<td>Global Vaccine and Immunization Research Forum (GVIRF)</td>
<td>Johannesburg, South Africa</td>
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<tr>
<td>15-18</td>
<td>WHO / PAHO regional meeting on seasonal influenza vaccination in the Americas and the 3rd REVELAC-I meeting</td>
<td>Santiago, Chile</td>
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#### April

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<thead>
<tr>
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<tbody>
<tr>
<td>11-16</td>
<td>PAHO Meeting of the Regional Polio Lab Network</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>12-14</td>
<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
<td>Geneva, Switzerland</td>
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#### May

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<tr>
<td>10-11</td>
<td>EURO Measles Meeting</td>
<td>Italy</td>
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<tr>
<td>19-20</td>
<td>Executive Board – Programme Budget Administration Committee</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>23-28</td>
<td>Sixty-ninth World Health Assembly</td>
<td>Geneva, Switzerland</td>
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#### June

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<tr>
<td>6-10</td>
<td>SEARO Immunization Technical Advisory Group (ITAG)</td>
<td>New Delhi, India</td>
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<tr>
<td>13-17</td>
<td>WPRO Technical Advisory Group</td>
<td>TBD</td>
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<tr>
<td>20-24</td>
<td>Measles Rubella Technical Meeting &amp; Global MR Laboratory Network Meeting &amp; Surveillance Meeting</td>
<td>Geneva, Switzerland</td>
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<td>22-23</td>
<td>Gavi Board Meeting</td>
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#### July

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<tr>
<td>4-8</td>
<td>AMRO Technical Advisory Group</td>
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#### September

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<tr>
<td>7-9</td>
<td>Twelfth International Rotavirus Symposium</td>
<td>Melbourne, Australia</td>
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<td>28-2 Oct</td>
<td>Regional Committee for the Americas</td>
<td>Washington DC, USA</td>
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#### October

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<tr>
<td>5-8</td>
<td>Regional Committee for EMRO</td>
<td>Kuwait</td>
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<tr>
<td>12-16</td>
<td>Regional Committee for WPRO</td>
<td>Guam</td>
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<tr>
<td>18-20</td>
<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
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#### November

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<tr>
<td>23-27</td>
<td>Regional Committee for Africa</td>
<td>N'Djamena, Chad</td>
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#### December

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<tr>
<td>7-8</td>
<td>Gavi Board Meeting</td>
<td>TBD</td>
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Links

Organizations and Initiatives

American Red Cross
Child Survival

Agence de Médecine Préventive
Africhol
EpiVacPlus
LOGIVAC Project
National Immunization Technical Advisory Groups Resource Center
SIVAC

Centers for Disease Control and Prevention
Polio
Global Vaccines and Immunization

Johns Hopkins
International Vaccine Access Center
Vaccine Information Management System

JSI
Africa Routine Immunization Systems Essentials Project
IMMUNIZATION basics
Immunization Center
Maternal and Child Health Integrated Program (MCHIP)

PAHO
ProVac Initiative

PATH
Vaccine Resource Library
Rotavirus Vaccine Access and Delivery
Malaria Vaccine Initiative
Meningitis Vaccine Project
RHO Cervical Cancer

WHO Regional Websites
Routine Immunization and New Vaccines (AFRO)
Immunization (PAHO)
Vaccine-preventable diseases and immunization (EMRO)
Vaccines and immunization (EURO)
Immunization (SEARO)
Immunization (WPRO)

Sabin Vaccine Institute
Sustainable Immunization Financing

UNICEF
Immunization
Supplies and Logistics

USAID
Maternal and Child Health Integrated Program

WHO
Department of Immunization, Vaccines & Biologicals
New and Under-utilized Vaccines Implementation
ICO Information Centre on HPV and Cancer
Immunization financing
Immunization service delivery
Immunization surveillance, assessment and monitoring
SIGN Alliance

Other
Coalition Against Typhoid
Confederation of Meningitis Organisations (CoMO)
Dengue Vaccine Initiative
European Vaccine Initiative
Gardasil Access Program
Gavi the Vaccine Alliance
International Association of Public Health Logisticians
International Vaccine Institute
Measles & Rubella Initiative
Multinational Influenza Seasonal Mortality Study
Network for Education and Support in Immunisation (NESI)
TechNet 21
Vaccines Today

WHO Regional Websites
Immunization (Central and Eastern Europe)
Immunization (Eastern and Southern Africa)
Immunization (South Asia)
Immunization (West and Central Africa)
Child survival (Middle East and Northern Africa)
Health and nutrition (East Asia and Pacific)
Health and nutrition (Americas)

Newsletters

Immunization Monthly update in the African Region (AFRO)

Immunization Newsletter (PAHO)
The Civil Society Dose (GAVI CSO Constituency)
TechNet Digest
RotaFlash (PATH)
Gavi Programme Bulletin (Gavi)