17 JULY 2011 WAS A HAPPY DAY FOR THE CHILDREN OF SUDAN
29/07/2011 from Amani Mustafa, Ministry of Health, Sudan

It all started in 2007, when Sudan joined the Global Network for Rotavirus Gastroenteritis and Bacterial Meningitis Surveillance (BMS) network. In 2009, with the opportunity for Sudan to get support from GAVI to introduce the Rotavirus vaccine, the data was presented to the National Immunization Technical Advisory Group (NITAG) which recommended the introduction of rotavirus vaccine into the routine immunization services in Sudan. The application was submitted to GAVI and in 2010 the GAVI Board approved the support for the vaccine to Sudan.

On 28 June 2011, the first shipment of Rotavirus vaccines arrived in Khartoum International Airport, Sudan.

It was a great event for all of the Ministry of Health (MoH), Expanded Programme on Immunization (EPI) team and partners who received the Rotavirus vaccine shipment at the airport. Arrangements were made to release the vaccines, under special consideration, directly from the flight with the help of the customs manager. Vaccine were packed in three refrigerated vehicles; then directly moved to the central cold chain store accompanied by the convoy.

In the National Cold Store the vaccine was unloaded, packages opened, the shipping documents reviewed, the temperature recording monitors in each carton checked and cleared. Everyone was excited to see the Rotavirus vaccine and expressed his hopes that this vaccine will provide extended health and protection to the children of Sudan.

The distribution of the vaccine to the sub-national levels started immediately on 30 June 2011 to the 15 states gradually.

On 17 July 2011, the Rotavirus immunization was launched and announced officially by Her Excellency the President Advisor Dr Ahmed Bilal Osman in Sudan as the first country in GAVI-supported Eastern Mediterranean Region. In his speech, the Minister said: “When I was Minister of Health seven years ago, EPI was providing vaccination against six childhood diseases only, now there are nine vaccines in the immunization schedule”. He markedly acknowledged the role of GAVI and partners who have made this achievement a reality in Sudan, adding that everyone knows the burden of diarrhoeal disease on child health in Sudan, and expressed his hopes that this vaccine will provide extended health and protection to the children of Sudan.

The lucky 43 days old baby named Jaser Tariq, was the first child in Sudan vaccinated with Rotavirus vaccine. The President Advisor administered the first dose for the first time in the country.

Health officials as well as all partners including the WHO Eastern Mediterranean Regional Office, the Vaccine Preventable Diseases and Immunization (VPI) regional advisor, paediatric associations, NITAG members, GlaxoSmithKline representatives and the media were present on the launching day.

Everyone was saying "We are very happy" to see this vaccine made available for the children of Sudan.
Technical Information

COUNTRIES ENCOURAGED TO USE THE OPPORTUNITY OF ACCELERATED MEASLES VACCINATION ACTIVITIES TO INTRODUCE RUBELLA-CONTAINING VACCINES
29/07/2011 from Hayatee Hasan, WHO HQ

In an updated position paper, published in the Weekly Epidemiological Record on 15 July 2011, WHO recommends that countries use the opportunity of accelerated measles control and elimination activities to introduce rubella-containing vaccine. All countries that have not yet introduced rubella vaccine, and are providing two doses of measles vaccine using routine immunization and/or supplementary immunization activities should consider the inclusion of rubella-containing vaccine in their immunization programme. Countries planning to introduce rubella-containing vaccine should review the epidemiology of rubella including the susceptibility profile of the population; assess the burden of congenital rubella syndrome (CRS); and establish the public health priority of rubella and CRS prevention. Cost-benefit studies are not needed in every country before implementing rubella vaccination as results from studies in countries with similar socio-demographic circumstances can be informative. Before introduction, countries should determine a goal (CRS reduction or rubella elimination) and the time frame for achieving it which is appropriate to the burden of CRS and available resources. Strong political commitment to the elimination of rubella and CRS as well as sustainable financing for vaccination and surveillance activities should be in place before initiating rubella vaccination in childhood immunization programmes. For more information, visit this link.

TYPHOID BURDEN GREATER THAN PREVIOUSLY RECOGNIZED IN NEPAL
29/07/2011 from Andrew J Pollard and Jeremy Farrar, University of Oxford, UK

Although typhoid fever is recognized as endemic in Nepal, new evidence demonstrates that the true burden is likely much higher than previously reported. Researchers have recently documented high rates of enteric fever in an outpatient setting (Pradhan et al). Astonishingly, 14% of children presenting with fever were found to have bacteraemia with *Salmonella typhi* or *Salmonella paratyphi*. These findings complement a recent survey of Kathmandu hospitals that found *Salmonella typhi* to be the single leading invasive bacterial cause of hospital admission among children, adolescents, and young adults presenting with fever, accounting for 42% of all bacteraemias in children and up to 70% in adolescents and young adults (Kelly et al 2011 and Maskey et al. 2008). *Streptococcus pneumoniae* was the next most frequently cultured organism and the most frequent among infants (<one year of age). A substantial proportion (66%) of *Salmonella typhi* and *Salmonella paratyphi* isolates were resistant to nalidixic acid.

The majority of the adolescent and young adult populations affected by enteric fever are migrant workers moving into the rapidly growing urban sprawl of cities like Kathmandu. Such demographic shifts in Nepal are occurring across much of the developing world and these populations are often marginalised with limited access to health care.

The burden of enteric fever in this community has not been systematically addressed. Surveillance and population-based estimates of the true burden of enteric fever in urban and especially in rural settings are very limited.

However, there are safe and cost-effective vaccines available to combat and control typhoid fever in a community. With support from GAVI and the ongoing advocacy of the Coalition against Typhoid (CaT; see May 2011 GIN), typhoid vaccines promise to transform the lives of the children of Nepal in the decade ahead.
Technical Information

HOW TO IMPROVE THE VACCINE CONTAINER LABEL?
29/07/2011 from Maxell Graff, Dragoslav Popovic and Oz Mansoor on behalf of the Vaccine Presentation and Packaging Advisory Group (VPPAG)

The vaccine primary container (vial) label contains information for vaccinators to enable safe delivery. But regulatory requirements lead to too much text making labels hard to read. Therefore, VPPAG has proposed rationalizing the WHO regulatory requirements for prequalified vaccines, which was reviewed by the WHO Immunization Practices Advisory Committee (IPAC). The Global NU VI meeting held in Montreux, Switzerland from 22-24 June 2011, provided an opportunity to get inputs from the field and partners on the label’s content, through an interactive poster presentation that asked respondents to mark their response to three questions. The results are not intended to be scientific, and no count was made of the total number of respondents.

In general, the respondents supported VPPAG’s initial proposal on the essential items to include, but with a range of responses, suggesting less support for the manufacturer’s name as essential (see Table). Surprisingly, a few respondents did not consider VVM as essential. VPPAG had not prioritized "directions for use" and "route of delivery" for the label, but these two scored relatively highly by respondents. One respondent added in one new category: "date of manufacture", but nobody else supported it.

Table: Number of participants rating for each item ranging from ‘must have’ to ‘0’ for not needed; compared to VPPAG proposal and current regulatory requirements

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<th>Piece of Information</th>
<th>Requirements</th>
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<tr>
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</tbody>
</table>

*Only for multi-dose vials

GAVI related Information

Advocacy Committee concludes that new meningitis vaccine is safe
29/07/2011 from Hayatee Hasan, WHO HQ

Following review of new data for the meningococcal A conjugate vaccine, MenAfriVac, WHO’s Global Advisory Committee on Vaccine Safety concluded that the experience from the first three countries to introduce this vaccine did not indicate any reasons for concern about the vaccine’s safety. The data reviewed by the Advisory Committee — at its meeting of 15-16 June 2011 — were collected in Burkina Faso, Mali and Niger during the September and December 2010 vaccination campaigns and from the surveillance systems. Although the Committee recognized that it would not be practical to conduct active surveillance on a widespread basis during future immunization activities, it highlighted the need for continuous surveillance as the vaccine is rolled out to ensure that further data on the safety profile of the vaccine can be obtained. For more information, click on this link.
**Technical Information**

**COUNTRY-SPECIFIC ESTIMATES OF IMMUNIZATION COVERAGE FOR 1980-2010**

29/07/2011 from Marta Gacic-Dobo, WHO HQ

WHO and UNICEF have reviewed data available on national immunization coverage and produced country-specific estimates of immunization coverage for 1980-2010. These estimates are based on data officially reported to WHO and UNICEF by Member States as well as data reported in the published and grey literature. Whenever possible, consultations have taken place with local experts - primarily national EPI managers and WHO and UNICEF regional office staff - for additional information regarding the performance of specific local immunization services. Based on the data available, consideration of potential biases, and contributions from local experts, WHO and UNICEF have attempted to determine the most accurate level of immunization coverage.

Global coverage in 2010 from DTP3 is 85%, however an estimated 19.3 million infants remained unvaccinated. In 2009, the Global coverage from DTP3 was 85 %, with an estimated 19.7 million infants unvaccinated.

The data is posted in tabular format and excel file.

Country profiles of coverage estimates can be found here.

Global coverage estimates, 1980-2010 DTP1, DTP3, Measles, HepB3, Hib3, PCV3 and Rota

Date of slide: 28 July 2011

**INJECTION SAFETY EFFORTS ELIMINATE IMMUNIZATION-RELATED INFECTIONS IN SUB-SAHARAN AFRICA**

29/07/2011 from Hayatee Hasan, WHO HQ

The Measles Initiative and the GAVI Alliance announced on 1 July that infections resulting from the re-use of syringes for immunizations have been reduced to practically zero in sub-Saharan Africa, according to a study released in the Supplement of the Journal of Infectious Diseases. Over the past decade, advocacy efforts and the funding of safe injection materials, including auto-disable (AD) syringes, have virtually eliminated the dangerous practice of reusing syringes for vaccinations in sub-Saharan Africa.

The AD syringe is designed to prevent dangerous re-use by locking automatically after a single injection. The study reports that the wide-spread introduction of these syringes into immunization programmes in the developing world was due to increased awareness regarding the risks of reusable syringes, large-scale mass measles campaigns, and support from GAVI.

Starting in 1999 when WHO and UNICEF called for an improvement in injection safety standards, the global health community advocated for the exclusive use of AD syringes to deliver immunizations. In 2000, roughly 39% of all healthcare-related injections administered globally were delivered with re-used disposable or inadequately sterilized syringes, which resulted in an estimated 23 million people infected annually with hepatitis B, hepatitis C and human immunodeficiency virus (HIV). In 2001, the Measles Initiative built on this message when it started leading large-scale, nationwide measles catch-up campaigns in sub-Saharan Africa and other hot spots around the world. The Measles Initiative – a partnership led by the American Red Cross, United Nations Foundation, UNICEF, U.S. Centers for Disease Control and Prevention, and the World Health Organization – required that all of its campaigns use safe injection materials, including AD syringes. A total of 263 million children were vaccinated during measles campaigns in sub-Saharan Africa using AD syringes between 2001 and 2008. For more information, visit this link.
The potential of immunization to improve public health continues to grow as new vaccines against major diseases are developed. The recent infusions of support for global immunization, both through the recent replenishment of GAVI Alliance funding and the Decade of Vaccines, will increase the worldwide availability of new and underutilized vaccines. But any vaccine is only as effective as the system that delivers it. Thus, it is vital to understand what drives strong immunization programme performance, particularly in low-resource settings facing substantial obstacles to routine immunization.

The Africa Routine Immunization System Essentials (ARISE) project, managed by John Snow, Inc. with funding from the Bill & Melinda Gates Foundation, documents successful interventions that drive strong routine immunization system performance in Africa and analyzes their potential for diffusion throughout the region. ARISE translates these tested solutions into focused options for supporting routine immunization at the global, regional, national, and sub-national levels.

As a first step, ARISE conducted a landscape analysis to identify potential drivers of strong routine immunization performance in Africa. A report, entitled "Landscape Analysis Synopsis: An Initial Investigation of the Drivers of Routine Immunization System Performance in Africa" is available at this link.

Comprised of a literature review, interviews with key informants, and secondary data analysis, the LA uses a multi-level framework (encompassing the immunization system, health system, and broad country context) to identify drivers of strong routine immunization performance in Africa. The systematic search for literature on this topic revealed that the great majority of documents on routine immunization in Africa focus on deficiencies and obstacles rather than contributors to successful performance.

Currently, ARISE is carrying out in-depth studies in Ethiopia, Cameroon, and Ghana to identify and explore drivers in three different settings. The studies aim to improve understanding of the link between drivers and performance and to their relative importance in the context of immunization programmes. Findings from these studies will be used to develop and refine options for supporting routine immunization to help ensure that all children are protected from vaccine-preventable diseases.

Further comments on the report should be sent to this email address.

New Publications

REPORT ON THE WHO QUANTITATIVE IMMUNIZATION AND VACCINES RELATED RESEARCH (QUIVER) ADVISORY COMMITTEE MEETING. GENEVA, 5-7 OCTOBER 2010 (WHO/IVB/11.06)

This IVB document is now online. The document reports on the fourth annual meeting of the WHO QUIVER advisory committee meeting held in October 2010 in Geneva, Switzerland.
BENIN INTRODUCES PCV 13
28/07/2011 from François AGOSSOU, WHO/Benin and Crépin Hilaire DADJO, WHO/AFRO IST West

A colourful launching ceremony of the introduction of PCV 13 in Benin took place on 26 July 2011 in Placondji, a populous area of Cotonou, the capital city of this West African country. Key stakeholders of immunization including Mrs Mercy Ahun, Programmes Director at GAVI, Representatives of UNICEF, WHO, World Bank, international and national NGOs and representatives of the Embassies of Germany and Japan participated in this event.

Dr Souleymane Diallo, Representative of UNICEF to Benin stated during his speech at the ceremony that in 2010 in Benin, 33% of the recorded 1,203 suspected cases of meningitis were due to pneumococcal infections while aggregated surveillance data from week one to week 25 in 2011 ranked Benin second following Côte d’Ivoire with a case fatality rate of 21.3% - double of the accepted threshold of 10%.

For her part, the Minister of Health of Benin, Professor Dorothée Akoko Kinde Gazard explained that the choice by her government of PCV 13 will help combat more than 85% of invasive pneumococcal diseases. She also said this new conjugate vaccine is very well tolerated by infants and will be henceforth available nationwide for free in the routine vaccination schedule.

GAVI will cover 97% of the cost of the vaccine whereas Benin will finance the remaining portion. Mrs Ahun indicated during the ceremony that 19 more countries will be receiving support from GAVI to introduce PCV in their routine schedule in the coming couple of years. Countries in Africa like the Central African Republic, Congo, the Democratic Republic of Congo, The Gambia, Mali, Rwanda and Sierra Leone have already introduced PCV in their national immunization schedule with support from GAVI.
Country Information by Region

AFRICAN REGION

FORUM OF CIVIL SOCIETY ORGANIZATIONS ON IMMUNIZATION IN DAKAR, SENEGAL, WEST AFRICA
29/07/2011 from Crépin Hilaire DADJO, WHO/AFRO IST West

NGOs, community-based groups, professional associations, academic and technical institutions play a central role in the health system including the provision of technical assistance, service delivery, access to health facilities for hard to reach areas and marginalized people, social mobilization, operational research, implementation and evaluation of health programs, etc. These Civil Society Organizations (CSOs) also have a voice to be heard and understood by local governments and donors at all levels. Unfortunately, a lot of progress is still to be made in the specific area of immunization programmes especially in Francophone Africa which is why a process was initiated in 2010 by GAVI and supported by UNICEF/WCARO and WHO/IST West to include CSOs more actively in the field of immunization. Two meetings were held in May and June 2011 to prepare for a regional meeting in Dakar (Senegal), 13-15 September 2011.

About 50 participants originating from CSOs of West and Central Africa – a total of 16 countries are targeted – will be convening to share views on their own experiences, take inspiration from best practices and mostly discuss strategic direction for the coming 3 years on how to better play their role in home countries, at regional level but also in bodies such as GAVI CSO Constituency where Francophone countries are poorly represented. Senior staff of GAVI Alliance, UNICEF/WCARO and WHO/IST West and Central Africa will be represented.

COMMEMORATION OF THE FIRST AFRICAN VACCINATION WEEK
29/07/2011 from Auguste Ambendet, WHO/AFRO IST Central

The creation of the African vaccination week followed the adoption, in September 2010, of the recommendation AF/RC60/PSC/14. Its objective is “Reinforcing the vaccination programmes in the African Region by attracting attention and by raising the awareness on the importance of the needs and the rights of every person (particularly every child and woman) to be protected against the vaccine preventable diseases”.

Nine countries from Central Africa, with the IST support, have commemorated this week between April and June 2011. The following table gives an overview of the interventions offered to the targeted groups during this week.

<table>
<thead>
<tr>
<th>Pays</th>
<th>Dates</th>
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<th>Hoagule</th>
<th>Rotavirus EV71</th>
<th>VBA</th>
<th>Measles</th>
<th>MILD</th>
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Country Information by Region

AFRICAN REGION

INTRODUCTION OF THE VACCINE AGAINST PNEUMOCOCCAL INFECTIONS IN THE ROUTINE OF THE EXPANDED PROGRAMME ON IMMUNIZATION IN CENTRAL AFRICA

29/07/2011 from Auguste Ambendet and Omer N’ganga, WHO/AFRO IST Central

The "Global Immunization Vision and Strategy (GIVS)" for the period 2006-2015 aims at protecting a greater number of persons against more diseases. One of the strategic objectives of this vision is the introduction of new vaccines to protect the eligible population.

In Central Africa, Burundi, Cameroon, the Central African Republic, the Congo, and the Democratic Republic of Congo have been approved for support by the GAVI Alliance since 2008 for the introduction of the pneumococcal vaccine.

Cameroon, CAR and DRC have introduced respectively on 1 July 2011, 30 June 2011 and 4 April 2011 this new vaccine in their immunization programmes for infants (between zero to 11 months), thus expanding their routine immunization schedules from eight to nine vaccines. Burundi plans to introduce the vaccine in September 2011 and the Republic of Congo in January 2012.

“Protecting more people in a changing world”

AMERICAS

MEETING ON THE WHO/UNICEF IMMUNIZATION COVERAGE ESTIMATES FOR COUNTRIES OF THE AMERICAS

29/07/2011 from Martha Patricia Velandia and Carolina Danovaro, WHO/PAHO

On 12-13 July 2011 in Panama City, Panama, representatives from the Immunization Programmes of Ecuador, Mexico, Panama, and the Pan American Health Organization (PAHO) met with WHO and UNICEF representatives responsible for developing immunization coverage estimates. Since 2009, PAHO has coordinated sessions for selected countries of the Region to participate in the WHO and UNICEF review process of coverage data. This process produces immunization coverage estimates for the 35 countries of the Americas. Previous sessions have included representatives from Belize, Costa Rica, the Dominican Republic, El Salvador, Jamaica, Paraguay, and Peru.

The aim of this and previous sessions has been to promote dialogue between WHO/UNICEF and Member States regarding vaccination coverage data and issues of data quality, and for countries to better understand the WHO/UNICEF process for generating these estimates. The countries participate as observers, thus, they are not directly involved in producing the estimates themselves.

The main recommendations resulting from the meeting include: 1) extending information on the process for developing the WHO/UNICEF immunization coverage estimates to other countries; and 2) for PAHO to continue providing technical assistance to Member States on immunization data quality and promoting the importance of the information on administrative and survey coverage data submitted for this estimation process through the PAHO/WHO-UNICEF Join Reporting Form on Immunization (JRF).
The XIX bi-annual meeting of the Pan American Health Organization’s Technical Advisory Group on vaccine-preventable diseases (TAG) took place in Buenos Aires, Argentina from 6 to 8 July 2011. Representatives from the immunization programmes and vaccine-preventable diseases (VPD) surveillance units from Ministries of Health, and the presidents of National Immunization Technical Advisory Groups (NITAGs) from countries of the Americas were in attendance. Other participants included representatives from the International Vaccine Institute (IVI), Partners in Health-Haiti, PATH, US Centers for Disease Control and Prevention (CDC), and the World Health Organization’s Strategic Advisory Group of Experts on Immunization (SAGE).

The motto for this year’s meeting is worth noting, “Vaccinate your family, protect your community” as it reflects the importance attributed to expanding the benefits of immunization to the community as a whole.

In his opening speech, Dr Ciro de Quadros, TAG President and Meeting Chair, highlighted four objectives for the achievement of a more equitable access to vaccines in the world:

1. Encourage international development organizations to increase their support for the poorest countries, and advocate for the access to affordable vaccine prices for middle-income countries.
2. Support vaccine producers from emerging economies, so that they may provide better access to affordable vaccines.
3. Advocate for and strengthen purchasing mechanisms, such as PAHO’s Revolving Fund for Vaccine Procurement, in the other WHO Regions.
4. Reinforce and provide ownership to national immunization programmes for all countries in the world. A call to leave behind the paternalistic ways of the past.

The XIX TAG Meeting addressed several topics including progress in the process of documenting and verifying measles and rubella elimination in the Americas; maintaining the Region polio-free; pertussis surveillance; mumps vaccination; hepatitis A and B vaccination; cholera vaccines and their potential use in La Hispaniola (Haiti and the Dominican Republic); the status of dengue vaccine development; the use of evidence-based decisions and progress in the use of new and underutilized vaccines such as rotavirus, pneumococcal conjugate vaccines, human papilloma virus and influenza vaccines; an update on laws and financing and the status on NITAGs in the Region; vaccination safety; progress in the use of nominal immunization registries; and the achievements of the vaccination week in the Americas over its nine years of existence.

To access the full report, click on this link.
Country Information by Region

AMERICAS

DIALOGUE BETWEEN THE DECADE OF VACCINES INITIATIVE AND SELECTED COUNTRIES OF THE AMERICAS, BUENOS AIRES, ARGENTINA
29/07/2011 from Gina Tambini, Cuahhtémoc Ruiz-Matus, Carolina Danovaro and Pamela Bravo, WHO/PAHO

On 8 July 2011 in Buenos Aires, Argentina, an ideas-sharing session was held between representatives of eight Latin American countries, the Pan American Health Organization and its Technical Advisory Group on vaccine-preventable diseases (TAG), and Mr Christopher Elias, Co-Chair of the Steering Committee of the Decade of Vaccines (DoV) Collaboration. The objective of this session was to discuss strategies and lines of action for the DoV response to the challenges national immunization programmes in the Americas are currently facing.

Participants emphasized that inequities exist within countries in the Americas, contributing to the percentage of the population which remains unvaccinated. Participants agreed that to rectify this it implies a need to rethink both international approaches and cooperation on immunization to include middle-income countries. They also expressed a need to work with the public to increase awareness about the importance of vaccines, to create a sustained demand for immunization, and make vaccination a shared responsibility and obligation between communities and governments.

Mr Elias highlighted the achievements of immunization programmes in the Americas. He also made special reference to the PAHO Revolving Fund for vaccine procurement and talked about the vaccine research and development capabilities in certain countries of the Hemisphere, such as Brazil and Cuba, which could help guarantee equitable access to new vaccines. He called on participants to use the new information and communication technologies to improve immunization services so that people who have not been vaccinated can be reached. As a result of this meeting, a regional consultation will be held with the countries of the Hemisphere from November to December 2011 to discuss the DoV’s plan of action.

IMMUNIZATION NEWSLETTER: OVER 30 YEARS REACHING EVERY CORNER OF THE AMERICAS
29/07/2011 from Carolina Danovaro, Gabriela Felix and Leticia Linn, WHO/PAHO

During the 2011 Meeting of its Technical Advisory Group on Vaccine-preventable Diseases (TAG), PAHO launched an electronic book of its Immunization Newsletter compiling over 2,500 articles covering 30 plus years of history of the Expanded Programme on Immunization (EPI) in the Americas. This compilation enables readers to freely access all of these articles in a single and convenient location, and conduct searches by topic, year, type of article, and geographical area.

The eBook is available at this link.

The eBook: “Thirty years of the Immunization Newsletter: The history of the EPI in the Americas” will take you from the early implementation of the EPI in the Americas to the current efforts to sustainably introduce new vaccines. In it you will read about the regional polio, measles and rubella elimination initiatives, from their conception to their achievement, and of the many experiences and lessons learned that have made the Immunization Programme of the Americas one of the most successful life-saving initiatives in the world.

With release of this e-book, the Immunization Newsletter, published in English, Spanish, and French every two months, re-launches its electronic and paper subscriptions for all those who are interested in keeping current on the advances and challenges of vaccination in the Americas.

To subscribe to the electronic version of the Immunization Newsletter, click here.

To receive the printed version, please send your name, address, and language preference to this address.
WORKSHOP ON THE SURVEILLANCE AND ELIMINATION OF CONGENITAL RUBELLA SYNDROME IN IRAQ, (MEETING IN AMMAN, JORDAN)
29/07/2011 from Boubker Naouri, WHO/EMRO

Although there is no regional strategy or goal for elimination of congenital rubella syndrome (CRS) in the Eastern Mediterranean Region, several EMR countries have taken the initiative to implement strategies for elimination of CRS.

On 14-15 June 2011, a workshop on the CRS and elimination was conducted in Amman, Jordan for staff of the Iraqi Ministry of Health. The objectives of the workshop were to:

- Identify strategies that would enhance confirmation of suspected CRS
- Examine the role of laboratory testing
- Identify strategies for elimination of CRS.

Participants in this workshop included paediatricians, gynaecologists, immunization programme staff, surveillance, laboratory staff, data managers and WHO staff. During the first day, participants reviewed the current situation of CRS in Iraq. Despite the report of CRS cases from routine screening of pregnant women at the first prenatal visit, the real burden of disease is unknown. The discussions also included epidemiological and laboratory CRS surveillance, laboratory issues and case definitions.

On the basis of the analysis of the current situation, participants elaborated a national plan for CRS elimination in Iraq by 2015. Although this target seems challenging, it will have the advantage of maintaining momentum for the implementation of rubella and CRS elimination strategies. These strategies include the establishment of a national CRS surveillance system and an immunization strategy for elimination of CRS in Iraq.

It was recommended to establish a sentinel surveillance system in Baghdad based in maternity and paediatric hospitals. Rubella/CRS is to be eliminated by interrupting rubella virus transmission through sustained childhood vaccination and high coverage of childhood rubella immunization of both sexes. Iraq is also planning to conduct a measles/rubella catch-up campaign by the end of this year.

A National Committee for the Elimination of CRS will be established to develop a plan of action to implement the recommendations of this workshop.
Country Information by Region

EUROPE

NEWS FROM THE VACCINE-PREVENTABLE DISEASES & IMMUNIZATION PROGRAMME AT WHO/EUROPE
29/07/2011 from the VPI Programme, WHO/Europe

Summer in the WHO European Region has been, and will continue to be, a busy time for the Vaccine-preventable Diseases & Immunization (VPI) Programme at WHO/Europe. From 5-8 July, members of the VPI Programme participated in an immunization financing workshop in Istanbul, Turkey. The workshop included participants from low income, lower-middle income and GAVI graduating countries and the main objective was to build capacity in the field of immunization financing, particularly focusing on improving skills of national immunization programme staff on resource mobilization through improved advocacy efforts.

The Programme Manager and public specialists from several countries in the Region (Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan) participated in an international polio workshop in Urumqi, Xinjiang, China, on 21-22 July. Workshop participants, including polio experts from the WHO Regions of the Eastern Mediterranean, South East Asia and the Western Pacific, discussed concrete ways to collaboratively protect polio-free areas from re-infection and help facilitate global polio eradication.

At the end of August 2011, WHO/Europe will also host the 25th meeting of the European Regional Certification Commission for Poliomyelitis Eradication (RCC) in Copenhagen. At this meeting, the RCC will determine whether the Region retains its polio-free status following the polio outbreak of 2010.

As the European Region continues to struggle with measles outbreaks (38 countries reported more than 12 000 cases to WHO/Europe from January through May 2011), a summer calendar filled with large public events could exacerbate the situation and expose more children and adults to the disease. WHO/Europe and national public health authorities in Member States have therefore urgently recommended that all people, regardless of their travel plans, check with their doctors to make sure that they are immunized against measles and other vaccine-preventable diseases. A special emphasis has been placed on those attending large gatherings such as festivals or sports events.

For more information on:
Measles outbreaks continue: get vaccinated before travelling and attending large public events, click on this link.

WHO and CDC China to host international workshop on cross-regional collaboration to protect polio-free areas, click on this link.

European Regional Commission for the Certification of Poliomyelitis Eradication, click on this link.
<table>
<thead>
<tr>
<th>Title of Meeting</th>
<th>Start</th>
<th>Finish</th>
<th>Location</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEARO High Level Ministerial Meeting</td>
<td>02-Aug</td>
<td>02-Aug</td>
<td>New Delhi, India</td>
<td>SEARO</td>
</tr>
<tr>
<td>SEARO EPI Managers' meeting</td>
<td>03-Aug</td>
<td>04-Aug</td>
<td>New Delhi, India</td>
<td>SEARO</td>
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<tr>
<td>WPRO 20th Meeting of the WPR Technical Advisory Group (TAG) on Immunization &amp; Vaccine Preventable Diseases</td>
<td>09-Aug</td>
<td>12-Aug</td>
<td>Philippines</td>
<td>WPRO</td>
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<tr>
<td>WPRO Regional Working group</td>
<td>13-Aug</td>
<td>13-Aug</td>
<td>Philippines</td>
<td>WPRO</td>
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<tr>
<td>Pacific Immunization Programme Strengthening Workshops (PIPS)</td>
<td>22-Aug</td>
<td>27-Aug</td>
<td>Nadi, Fiji</td>
<td>WPRO</td>
</tr>
<tr>
<td>WPRO Subregional Certification Commission (SRCC)</td>
<td>22-Aug</td>
<td>27-Aug</td>
<td>Fiji</td>
<td>WPRO</td>
</tr>
<tr>
<td>AFRO West and Central Africa Sub Regional Working Group meeting</td>
<td>25-Aug</td>
<td>26-Aug</td>
<td>Abidjan, Côte d'Ivoire</td>
<td>AFRO</td>
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<tr>
<td>WPRO Third Meeting on Vaccine Preventable Disease Laboratory Networks</td>
<td>05-Sep</td>
<td>09-Sep</td>
<td>Manila, Philippines</td>
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<tr>
<td>WPRO Regional Verification Committee for Measles Elimination</td>
<td>12-Sep</td>
<td>13-Sep</td>
<td>Philippines</td>
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<tr>
<td>Global IBD Surveillance Meeting</td>
<td>12-Sep</td>
<td>14-Sep</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>Global Measles/Rubella and Polio Labnet Meeting-HQ</td>
<td>12-Sep</td>
<td>16-Sep</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
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<tr>
<td>PAHO Measles Initiative Annual Meeting</td>
<td>13-Sep</td>
<td>14-Sep</td>
<td>Washington, D.C., USA</td>
<td>PAHO</td>
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<tr>
<td>SEARO Bi-regional Regional Working Reference Standards (RWRS) workshop</td>
<td>13-Sep</td>
<td>15-Sep</td>
<td>Goa</td>
<td>SEARO</td>
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<tr>
<td>EURO Regional conference on rotavirus for health care professionals and medical academicians</td>
<td>19-Sep</td>
<td>19-Sep</td>
<td>Yerevan, Armenia</td>
<td>EURO</td>
</tr>
<tr>
<td>GAVI Programme &amp; Policy Committee</td>
<td>28-Sep</td>
<td>29-Sep</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
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<tr>
<td>PAHO Regional Workshop on ProVac HPV cost-effectiveness model</td>
<td>17-Oct</td>
<td>19-Oct</td>
<td>Bogota, Colombia</td>
<td>PAHO</td>
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<tr>
<td>AFRO West and Central Africa Sub Regional Working Group Workshop</td>
<td>Oct/Nov</td>
<td>Oct/Nov</td>
<td>Kinshasa, DRC</td>
<td>AFRO</td>
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<tr>
<td>WHO HQ Strategic Advisory Group of Experts (SAGE) Meeting</td>
<td>08-Nov</td>
<td>10-Nov</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
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<tr>
<td>WPRO Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific Region</td>
<td>14-Nov</td>
<td>18-Nov</td>
<td>Viet Nam</td>
<td>WPRO</td>
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<tr>
<td>PAHO Caribbean EPI managers meeting</td>
<td>14-Nov</td>
<td>18-Nov</td>
<td>Freetown, Guyana</td>
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<tr>
<td>EURO Regional workshop for MICs on economical evaluations of new vaccines</td>
<td>Nov</td>
<td>Nov</td>
<td>TBD</td>
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<tr>
<td>PAHO Regional New Vaccines Meeting</td>
<td>16-Nov</td>
<td>18-Nov</td>
<td>Uruguay</td>
<td>PAHO</td>
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<tr>
<td>AFRO Annual Regional Conference on Immunization (ARCI) and the Annual African Regional Inter-Agency Coordination Committee</td>
<td>06-Dec</td>
<td>09-Dec</td>
<td>Tanzania</td>
<td>AFRO</td>
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<tr>
<td>GAVI Board Meeting</td>
<td>16-Nov</td>
<td>17-Nov</td>
<td>Dhaka, Bangladesh</td>
<td>Global</td>
</tr>
</tbody>
</table>
### 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
- Pediatric 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
- RHOCervical Cancer (HPV Vaccine)
- WHO/ICO Information Center on HPV and Cervical Cancer
- SIGN Updates
- Technet
- Vaccine Information Management System
- PneumoAction
- International Vaccine Access Center

### 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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