News

NATIONWIDE RUBELLA EPIDEMIC IN JAPAN, 2013
30/06/2013 from Hayatee Hasan, WHO HQ

Rubella is usually a mild, febrile rash illness in children and adults; however, infection early in a woman’s pregnancy, particularly during the first 16 weeks, can result in miscarriage, fetal death, or an infant born with birth defects (i.e. congenital rubella syndrome or CRS). From 1 January to 1 May 2013, 5,442 rubella cases have been reported through the rubella surveillance system in Japan, with the majority (77%) of cases among adult males. Countries and regions establishing a goal of accelerated control or elimination of rubella should review their previous immunization policies and strategies to identify and vaccinate susceptible persons and to ensure high population immunity in all cohorts (both male and female).

The effects of this outbreak have been wide-ranging, both within Japan and internationally. In the Region of the Americas, where endemic rubella virus transmission has been interrupted, importations have occurred in the United States and Canada in 2013. The international spread of rubella virus from Japan provides a reminder that countries in regions that have eliminated rubella need to maintain high levels of vaccination coverage and high-quality surveillance to detect imported rubella virus and to limit its spread.

For the full report, see WHO’s Weekly Epidemiological Record.

INCREASED RISK OF DISEASE EPIDEMICS IN SYRIA AND NEIGHBOURING COUNTRIES
30/06/2013 from Hayatee Hasan, WHO HQ

The World Health Organization is deeply concerned about the increasing cases of communicable diseases inside the Syria and among displaced Syrians in neighbouring countries in the Region. In the first quarter of 2013, Syria’s early warning system for disease outbreaks, which covers all of the country’s 14 governorates, reported significant increases in acute watery diarrhoea, which increased by 172% from 243 cases in the first week of January 2013 to 660 in the second week of May 2013; and hepatitis A, which increased by 219% from 48 cases in to 153 cases in the same time period. Increased cases of enteric fever (typhoid) were also reported in 2013. New cases of vaccine-preventable diseases such as measles have also reappeared due to a drop in national vaccination coverage from 95% in 2010 to an estimated 45% in 2013. National campaigns to vaccinate children below the age of 5 have been hindered due to accessibility and security issues, resulting in high numbers of unvaccinated children in inaccessible areas.

Read the news release on increased risk of disease epidemics in Syria.
HPV VACCINE IN ARGENTINA: A LEAP FORWARD FOR GIRLS’ AND WOMEN’S HEALTH
30/06/2013 from Hayatee Hasan, WHO HQ

Argentina is one of the first countries in the Region of the Americas to provide the HPV vaccine. The Pan American Health Organization (PAHO), WHO’s Regional Office for the Americas, runs a Revolving Fund for the procurement of vaccines, syringes, and related supplies for participating Member States. It ensures that immunization programmes have a continuous supply of high-quality products for a low price. Argentina acquires the HPV vaccines through the PAHO Revolving Fund. HPV vaccine is given to all girls at 11 years of age to prevent cervical cancer later in life. In less than two years, since the HPV vaccine was included in Argentina’s national schedule in 2011, the first dose has reached more than 80% of girls in the target age group, nearly 60% have received the second dose, and 50% have had the final third dose.

Read the feature story on HPV vaccine in Argentina

ANALYSIS OF KEY STAKEHOLDERS IN VACCINE DECISION-MAKING: A PILOT STUDY IN ECUADOR
30/06/2013 from Natasha McNamara, PAHO ECU PWR, Cara Janusz PAHO/WHO, Barbara Jauregui, PAHO/WHO and Maria Susana Panero PAHO/WHO ECU

In alignment with the Pan American Health Organization (PAHO) and the ProVac Initiative’s mission to strengthen national capacity for evidence-based decision-making on new vaccine introduction in Latin America and the Caribbean, a pilot study was designed to test a new tool for analyzing key stakeholders in the decision-making process. The key objectives of the study were: (1) to determine stakeholders’ preferred information in order to make an evidence-based decision; and (2) to investigate the factors that influence each stakeholder’s decision-making process.

In June 2012, semi-structured interviews were conducted with key stakeholders who were expected to be involved in national decision-making processes. Since this study was timely to Ecuador’s decision on the human papillomavirus (HPV) vaccine, respondents were asked to relate their answers to this current decision.

In total, 12 interviews were conducted representing the following stakeholder groups: Ministry of Public Health (MPH), National Immunization Technical Advisory Group (NITAG), Ministry of Finance, pharmaceuticals, international cooperation agencies, and the medical community. Interviews identified the central and final decision-maker as MPH. The NITAG, international agencies, and politicians were found to have limited input on the decision and other stakeholders would be incorporated if the decision was made to introduce the vaccine.

Stakeholders identified burden of disease, safety and efficacy of the vaccine, and cost-effectiveness analysis as common data needed to assist with the decision for HPV vaccine introduction. Collecting accurate data on the prevalence and incidence of HPV in Ecuador was mentioned as the most difficult information to acquire, and assessing the long-term benefits of the HPV vaccine in the Ecuadorian population is different from other vaccines.

It is expected this study will lead to recommendations on how to improve the process of generating and communicating evidence to policymakers in Ecuador and, additionally, serve as a pilot study for other countries.

THE MEASLES AND RUBELLA INITIATIVE OUTBREAK RESPONSE FUND
30/06/2013 from Kaushik Banerjee, WHO HQ (republished with corrected link)

In June 2012, the GAVI Alliance Board approved US$55 million for measles outbreak response and other emerging measles needs in GAVI eligible countries for the period 2012-2017. These funds will be administered by the Measles-Rubella Initiative (MRI) which is responsible for the management and decision-making on the allocation of the outbreak response funds.

It is important to note that these funds are intended to be used as a strategic tool available for rapid outbreak response in discrete, well-defined geographic areas, as quickly as possible after the detection, confirmation and reporting of an outbreak of measles. The purpose is to stop the spread of the outbreak before it engulfs large geographic areas. It is not intended to be used for large-scale supplementary immunization activities (SIAs) in an entire country or large parts of a country.

The details of the procedure to access this fund is available in the standard operating procedure (SOP).
NATIONAL SUPPLY CHAIN OPTIMIZATION: AN OPERATIONAL DEFINITION FOR CONTINUOUS QUALITY IMPROVEMENT
30/06/2013 from Dmitri Davydov, UNICEF

As countries struggle to prioritize Cold Chain Logistics (CCL) investments to enable new vaccine introductions, the case for efficiency and effectiveness of existing systems increases. Optimization provides national Expanded Programme on Immunization (EPI) with a monitoring framework for change management to measure the impact of both incremental and radical changes to the supply chain. Optimization requires routine CCL systems data on performance of three parameters: Access (stock outs at immunization sessions); Quality (temperature damaged-vaccine used); and Cost per fully immunized child (FIC) or per dose/cm³ delivered.

In a system that is already optimized, it is not possible to improve the performance of one parameter without impact on the others. However, for poorly functioning systems it is possible to improve all parameters at the same time. It is further suggested that CCL systems should never have stock-outs or temperature damaged vaccine given to children, in which case optimization becomes a matter of cost minimization to achieve and maintain these standards.

Innovation, technology and user-centred systems design present an opportunity to build automated data systems that facilitate data-driven management and national ownership needed for the success, scalability and sustainability of change. UNICEF and other GAVI Alliance partners are available to provide immediate technical and financial support to interested countries.

MATERNAL AND NEONATAL TETANUS ELIMINATION (MNTE) VALIDATION MISSION TO CAMEROON
30/06/2013 from Médard Folefack Temfack, Belyse Halmata Ngum, Bechir Aounen, UNICEF, Cameroon

With the support of UNICEF and other partners, Cameroon developed a Maternal and Neonatal Tetanus Elimination (MNTE) plan of action in 2000 and implemented MNTE activities in line with the Global MNTE strategy since 2002. The plan identified 102 health districts (HD) at high risk out of the 144 which formed the country then.

Between 2002 and 2011, the country conducted tetanus campaigns in five phases targeting high risk districts where more than four million women of reproductive age were targeted (more than three million received Tetanus Toxoid (TT)1, 2.7 million TT2, 1.5 million TT3) and after a pre-validation survey in February 2012 showed successful results, the country requested WHO to quantitatively validate the attainment of the elimination.

The validation survey conducted in mid-November 2012 in the worst performing district, Koza, in the far north region of Cameroon, used the Lot Quality Survey (LQS) method, targeting 90 clusters of 15 live births. All live births in households from resident mothers between 1 October 2011 and 30 September 2012 were surveyed. The survey was intended to identify neonatal deaths using a technique of verbal autopsy, and to determine whether deaths were due to tetanus. MNTE was to be validated if less than two neonatal tetanus deaths were found.

A total of 3,852 households were visited and 1,361 live births examined. Out of the 40 neonatal deaths found, only one was considered to be due to tetanus. The coverage of the second dose of Tetanus vaccine (TT2) among mothers was 80%.

Maternal and Neonatal Tetanus (MNT) was considered eliminated in the district of Koza for the determined period. Consequently, MNT was considered eliminated in Cameroon.

Next steps after attaining this status of elimination, are to develop a national strategic plan 2012-2020 to ensure the sustainability of the MNTE status.
AMP TRANSFERS TRAINING MATERIAL IN ADVOCACY FOR IMMUNIZATION TO PUBLIC HEALTH INSTITUTIONS IN BENIN
30/06/2013 from Sabrina Gaber, Agence de Médecine Préventive (AMP)

The Agence de Médecine Préventive (AMP) held a workshop at the Regional Institute of Public Health (IRSP) in Ouidah, Benin on 18 June 2013 for the transfer of the ADVIM training project on advocacy for immunization to local public health institutions.

Implemented by AMP from 2009 to 2012 in collaboration with ministries of health and other partners, ADVIM aimed to strengthen national capacities to advocate for vaccines and immunization financing in Benin, Burkina Faso, and Côte d’Ivoire. One way this was achieved was through the development and delivery of a blended training programme on advocacy for immunization financing, leading to the creation of a community of African immunization advocates. Targeted at staff from ministries of health, planning, and finance, as well as civil society organizations, the training included one and a half months of distance learning and one week of classroom learning, followed by support for the development of advocacy for immunization financing “micro projects.” Overall, 20 such projects were implemented at central, intermediate, and peripheral levels of the health system in the three participating countries, leading to the mobilization of additional immunization funding.

The training transfer workshop, co-chaired by AMP’s Executive Director, Alfred da Silva and IRSP’s Scientific and Pedagogic Coordinator, Prof. Laurent T. Ouedraogo and led by an advocacy expert, Mr Hugues Tchibozo, brought together instructors from IRPS and the Faculty of Health Sciences (FSS) of the University of Abomey-Calavi. Various training modules and learning techniques were presented. Participants agreed on the relevance and importance of the training material and pledged to integrate advocacy curricula in their respective institutions, as part of existing or future programmes. They then defined the modalities of reusing materials in their respective institutions.

ADVIM was funded by the Bill & Melinda Gates Foundation.

DATA IN THE HANDS OF FAMILIES: HEIGHTENING AWARENESS OF VACCINATION CARDS
30/06/2013 from David Brown (UNICEF) and Skye Gilbert (BMGF)

Home-based child health records (or in many places, vaccination cards) are an inexpensive yet effective instrument for systematically recording the vaccines received by an individual. Moreover, home-based health records can enhance health professionals’ ability to make clinical decisions, empower parents/caregivers in the health care of their children, and support public health monitoring. Unfortunately, these records are too often underutilized or inappropriately used by parents and health care workers and therefore do not always fulfill their intended purpose.

Two web sites were recently developed to help us better understand the current state of child health records.

The first site is a repository for home-based child health or vaccination cards. The purpose of the site is to support the free and open exchange of information related to card content and design, perhaps of particular interest to national EPI programmes that are considering a re-design of their cards due to the introduction of a new vaccine.

A second site, provides a summary of the prevalence of home-based vaccination cards observed in UNICEF-supported Multiple Indicator Cluster Surveys (MICS) and USAID-supported Demographic and Health Surveys (DHS) conducted since 2000.

The Bill and Melinda Gates Foundation recently launched the Records for Life contest, which could provide important, innovative solutions to address low prevalence and/or use. Records for Life will ask contestants to use principles of visual design to improve the layout, structure and card material. Winners of the contest get up to $50,000 and may have part or all of their design piloted and taken to scale in as many as 10 countries by 2018. We are depending on ideas from this community to improve the child health record, thereby improving information systems and empowering health workers and families to protect children from vaccine-preventable diseases.

Visit this link to learn more and apply.
The Ministry of Health of the CAR led the external evaluation of its national immunization programme from 15 November-20 December 2012. One of the specific aims of this review was to assess the quality of immunization data.

The data quality self-assessment (DQS) tool was chosen as a methodology to identify the strengths and weaknesses of immunization data in the country. The evaluation period was from January-June 2012. The antigens used were: DTP-HepB-Hib3, VAR and TT2+. The evaluation was conducted in seven health regions, ten prefectures and 28 EPI centers and the problem of data quality was found to affect all the structures visited.

The visit of the regional level health facilities (RHF) shows that less than 20% of RHFs report their data regularly; 14 to 25% (depending on the antigen) are under-reporting; 70% are over-reporting. At the level of the health prefectures (HP), discrepancies between recounted data and reported data are less pronounced that in the RHF, however under-reporting is more prominent in the health prefectures (55% to 75% of HP). The quality of the immunization system also shows discrepancies at both levels with the reporting/archiving as well as the quality of the immunization system scoring better at the RHF, when planning scored better at the HP.

Recommendations after the review included strengthening training activities, developing a habit of data quality through the extension of the DQS, and making meetings on the monitoring and review of immunization data compulsory.

Meetings/Workshops

THE REGIONAL IMMUNIZATION LOGISTICS ORIENTATION AND PLANNING WORKSHOP FOR FRANCOPHONE COUNTRIES IN THE AFRICAN REGION
30/06/2013 from Crépin Hilaire Dadjo, WHO AFRO IST West and Hailu Makonnen Kenea, WHO AFRO

Location: Ouagadougou, Burkina Faso
Participants: 30 participants representing 20 Francophone countries in the WHO African Region
Purpose: Build capacity of immunization logisticians at country level with the skills to address immunization logistics challenges identified through the Effective Vaccine Management assessments carried out in 33 countries in the WHO African Region.

Details: Following the regional workshop that was held in Harare, Zimbabwe from 22-27 April 2013 for 20 Anglophone countries (GIN May 2013 p. 8), a similar capacity building workshop was conducted from 10-15 June 2013 for Francophone countries in the African Region.

The Ouagadougou Workshop was organized by WHO Regional Office for Africa and Inter-Country Support Team for West Africa (IST West), jointly facilitated and sponsored by WHO and UNICEF with facilitation support from the Agence de Médicine Préventive (AMP). The topics covered included: logistics management tools, cold chain equipment inventory and selection; temperature monitoring devices; vaccine forecasting and storage capacity; stock management and vaccination data management indicators; and vaccine wastage monitoring.

At the end of the six-day training, participants adopted a number of recommendations towards partners and participating countries. The latter were urged, among others, to provide logisticians with good quality IT materials and to create coherence between the data contained in strategic documents such as the Comprehensive Multi-Year Plan (cMYP), the Joint Reporting Form (JRF) and the Annual Progress Report (APR) with the vaccine forecasting. For their part, partners were asked, among others, to finalize and share with countries, the analysis and inventory tool, and to make the user guide of the Controlled Temperature Chain (CTC) available for all countries.
WORKSHOP ON LABORATORIES IN THE AFRICAN REGION
30/06/2013 from Jason Mwenda, WHO AFRO

Location: Harare, Zimbabwe     Dates: 27-31 May 2013
Participants: 150 participants from the Ministries of Health, National and Regional Reference Laboratories, and WHO Collaborating Centers
Purpose: To share and update participants on regional laboratory policy guidelines, data management, laboratory quality management systems, biosafety and biosecurity including transportation of infectious materials.

Details: Contribution of laboratories to public health and in particular efforts to prevent, control and eradicate vaccine preventable diseases over the years has been appreciated by all Member States. There was emphasis on the need to implement different laboratory activities in a holistic and integrated approach within the context of health systems strengthening.

FIRST MENINGITIS AND ROTAVIRUS SURVEILLANCE WORKSHOPS IN HAITI
30/06/2013 from Jennifer Sanwogou, PAHO/WHO

Location: Port-au-Prince, Haiti     Dates: 17-20 June 2013
Participants: 30 participants: Laboratory staff, clinicians, pediatricians, nurses, epidemiologists
Purpose: To train Hospital La Paix Staff on rotavirus and meningitis surveillance.

Details: From 17-20 June 2013, the first rotavirus and meningitis surveillance workshops took place in Port-au-Prince, Haiti. These workshops were prompted by the fact that Haiti will be introducing the rotavirus and pneumococcal vaccines in its National Immunization Programme on 1 September 2013 and during the first semester of 2014 respectively.

The workshops included a total of 30 participants, and were in collaboration with the country’s Ministry of Health: the Expanded Programme on Immunization (EPI), and the National Laboratory (DELR); the Center for Disease Control and Prevention and the Pan American Health Organization (PAHO). Key participants from the country included the DELR Director, Chief Laboratory in charge of new vaccines surveillance, the DELR Chief of Services, and the Hospital La Paix Services Chief of Pediatrics.

The workshops were divided into three parts: Laboratory, Clinical and Surveillance tool training. The laboratory training focused on Cytology, Gram stain and Culture of Cerebrospinal fluid (CSF) for meningitis; and sample collection, storage, transportation and detection of Rotavirus diarrhea. The Clinical training included case definitions, a general overview of new vaccines in the Region of the Americas, as well as a review of the roles and responsibilities of staff at the sentinel hospitals. The last day of the training was dedicated to the new vaccines surveillance tool VINUVA whereby the participants were able to register and familiarize themselves with the tool.

The workshops were a good opportunity for all stakeholders to communicate with each other and know the importance this surveillance will play in measuring the impact of rotavirus diarrhea and pneumococcal morbidity and mortality in Haiti.
On 27 May 2013 the GVAP Price Indicator working group met in Geneva to decide on the composition and structure of a vaccine price indicator to be included in the GVAP monitoring framework.

Representatives of Médecins sans Frontière (MSF), PAHO, UNICEF and WHO discussed the key components of the indicator that would be presented in a report to the SAGE working group in August 2013. Written submissions were also provided from BMGF and GAVI members, unable to attend the meeting.

The GVAP working group agreed on collecting and collating price data and market information on a selection of vaccines that reflect the goals defined for the Decade of Vaccines under the GVAP. Noting the complexity of pricing data and the gaps in the currently available data, the group recommended both a short and longer term approach to developing an annual narrative report to the GVAP monitoring framework. A country matrix was agreed including grouping countries by GNI status, use of UN procurement mechanisms (UNICEF SD and PAHO RF) and eligibility for GAVI prices. Both low income and middle income data will be reported. Discussions also concluded the identification of current and future data sources and the establishment of 2010 as the baseline for data reporting. Initial reports are likely to include only data available from UN procurement systems with extension in 2014 to self-procuring countries with the improved availability of pricing data from initiatives such as the WHO V3P project.

The annual narrative report will allow for reporting on both quantitative data collected and also on market dynamics and price comparison complexities to ensure the vaccine pricing challenges are adequately understood and reported. Over the coming weeks, the working group will compile a draft report for consultation that will include a narrative explanation of the indicator data and information and the proposed way forward over the period until 2020.

For more information about this process, please contact Mr Miloud Kaddar, Senior Adviser, WHO/IVB/EPI on +41.22.791.1436.

MID-LEVEL MANAGEMENT (MLM) WORKSHOP
30/06/2013 from Auguste Ambendet, WHO AFRO IST Central

Location: Douguia, Chad Dates: 21-27 May 2013
Participants: Twenty three Ministry of Health officials took part in this training including 16 Chief Doctors of Sanitary Districts, five Regional Directors of Health, and three managers from the national immunization programme. The workshop was co-facilitated by additional experts including six from WHO, three from the UNICEF country office and three from the national EPI programme.

Purpose: To strengthen the capacity to plan, implement, monitor and evaluate immunization activities for the development of human resources for improving EPI immunization activities in Chad.

Details: Taking into account the recent revision of MLM modules, ten facilitators in Chad (Four WHO, three UNICEF and three Ministry of Health (MoH)) have all been trained in addition to the 21 staff from the MoH working in the national immunization programme.

The format of the workshop consisted of short presentations, debates in plenary sessions, case studies in four small groups and simulations. The course was regulated by a daily assessment of the objectives, the relevance of the content, the effectiveness of the facilitation and participation as well as the physical and logistical aspects (training materials, schedule, rooms, meals). A general summative evaluation was conducted on the last day of the course.

As reference, participants and facilitators have received the following documents: Global Immunization Vision and Strategy, the revised guide approach Reaching Every District (RED), the Global Plan of Action for Vaccines (GVAP French version), Resolutions from WHO Regional Committees on the intensification of routine immunization, polio eradication and measles elimination, Immunization in Practice and drafts of the revised AFRO MLM modules.

The feedback received from participants, different resources persons and a few decision-makers was very positive.
Global Immunization News

PEER REVIEW OF THE GAVI ANNUAL PROGRESS REPORT (APR) FOR CENTRAL AFRICAN COUNTRIES
30/06/2013 from Auguste Ambendet, WHO AFRO IST Central

Location: Kinshasa, Democratic Republic of Congo
Dates: 02-04 May 2013
Participants: Officials of the national immunization programmes in Angola, Burundi, Cameroon, Congo, CAR, DRC and Sao Tome and Principe; managers of national programmes in the Health System Strengthening (HSS) of Burundi, CAR, Chad and DRC; representatives of civil society in Burundi and the DRC; the EPI focal points in country offices of WHO (Angola, Burundi, Cameroon, Chad, Congo, CAR, DRC and Sao Tome and Principe); focal points of UNICEF country offices (Burundi, Cameroon, Congo and DRC); focal points RSS WHO Country Offices (Burundi, CAR, Chad and DRC); nine facilitators from the GAVI Secretariat, UNICEF (Regional Office Dakar) and WHO (IST Libreville and Ouagadougou headquarters).

Purpose: To enhance the technical quality of the report to be submitted to GAVI.

Details: The results include a critical reading of the draft APRs from each country, highlighting the strengths and weaknesses of the APRs, and a timetable for completion of the APR by each participating country which was discussed in plenary.

Following the review of the APR, the country began the process of consolidating the comments received into their report. Each country has developed a timeline for the completion of the drafting process of the APR. This timeline shows the actions required, responsibilities and the requested support.

By 15 May, the majority of countries had submitted their reports to the GAVI Secretariat.

Prequalified Vaccines

MENINGOCOCCAL ACYW-135 POLYSACCHARIDE (TEN-DOSE VIAL)

Meningococcal polysaccharide vaccine groups A, C, Y, W-135 vaccine in a ten-dose presentation produced by Sanofi Pasteur USA was prequalified on 22 May 2013.

It has been added to the list of prequalified vaccines.

EXPAND THE NETWORK

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## Regional Meetings and Key Events Related to Immunization

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## 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
- Vaccine Information Management System
- PneumoAction
- Multinational Influenza Seasonal Mortality Study (MISMS)
- PATH Rotavirus Vaccine Access and Delivery Website
- RHO Cervical Cancer (HPV Vaccine)
- WHO/ICO Information Center on HPV and Cervical Cancer
- SIGN Updates
- Technet
- 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
- Immunization Service Delivery
- European Vaccine Initiative
- Africa Routine Immunization Systems Essentials Project (ARISE)
- Vaccines Today
- UNICEF Immunization Website

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

### UNICEF Regional Websites
- Immunization in CEE/CIS
- Immunization in Eastern and Southern African
- Immunization in South-Asia
- Immunization in Western and Central Africa
- Health in the Middle East and Northern Africa
- Health in East Asia and the Pacific
- Health in the Americas

### 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
- PATH’s RotaFlash – breaking news on rotavirus disease and vaccines