Launch of Rotavirus vaccine in Djibouti
Nadia Teleb, WHO Regional Office for the Eastern Mediterranean

The Ministry of Health in Djibouti has introduced the Rotavirus vaccine into the routine immunization programme with the support of the GAVI Alliance. The launching ceremony took place in Daryel Nursery on 22 June 2014 and was inaugurated by Prime Minister Mr Mohamed Kamil Abdoulkader. The event was attended by the Minister of Health, Dr Osman Kassim Issack, several high level national officials, diplomats, representatives of WHO, UNICEF, partners and civil society organizations.

During his speech, the Minister of Health, Dr Issack, indicated that diarrhoeal diseases are the primary reason for medical consultation in the health facilities. They are the most common complaint expressed by mothers for illness in their children, and the second leading cause of infant mortality in the country. In this regard, the introduction of the Rotavirus vaccine will be an important step in reducing infant mortality and morbidity rate due to gastroenteritis and acute diarrhoeal diseases in the country. In his address, Prime Minister Mr Abdoulkader underlined the government’s strong commitment to improving the health of all its citizens, especially making free-of-charge immunization services accessible to the whole country including remote areas.
Cervical cancer vaccinations globally effective and economical
Hayatee Hasan, WHO HQ

Worldwide, hundreds of thousands of cases of, and deaths from, cervical cancer can be prevented by vaccinating 12-year old girls against the cancer-causing human papillomavirus (HPV), according to a study published in The Lancet Global Health on 10 June 2014.

The research, led by the London School of Hygiene & Tropical Medicine and WHO, explored the projected cost-effectiveness and health effects of HPV vaccination of all 12-year old girls across 179 countries, in terms of cervical cancer and mortality during their lifetime.

The authors of the study developed the Papillomavirus Rapid Interface for Modelling and Economics (PRIME), which is a simple analytical tool that is straightforward enough to be used by non-experts, has fairly light data requirements and can be used and understood in different country settings.

HPV vaccination was projected to be very cost effective in 87% of the countries. In low and middle income countries, cost effectiveness assessments of vaccines like these are considered to be extremely important due to limited funding for public health interventions, and the authors say that this new research demonstrates that HPV vaccination introduction would represent good value for money in almost every country in the world.

However, large disparities between countries still exist for HPV vaccination, because many nations with the most to gain have yet to introduce national HPV vaccination.

Of the 33 countries where HPV vaccines are likely to have the greatest effect (over 2 500 cancers prevented per 100 000 girls vaccinated), 26 had not introduced national vaccination by October 2013, and most of these countries are in sub-Saharan Africa.

The authors say support from the GAVI Alliance, a global health partnership committed to increasing access to immunization in poor countries, could help to reduce HPV vaccination disparities, but a substantial burden will remain in the highest burden countries even after the introduction of additional vaccinations as projected in the study.

A communication group set up to assist in IPV introduction in West and Central Africa
Crepin Hilaire DADJO, WHO IST West Africa

As many countries in West and Central Africa are getting prepared to introduce the IPV (Inactivated Polio Vaccine) into their routine immunization schedule, a new communication group has been set up to assist all those countries upon their request. Made up of UNICEF, WHO, PATH and the Agence de Mèdecine Prèventive (AMP), the group was constituted during a workshop hosted by the West and Central Africa Regional Office of UNICEF at its headquarters in Dakar, Senegal from 28-30 May 2014.

The overall objective of this new entity is to facilitate coordination of partners’ communication activities, supply technical assistance in the field of new vaccines communication, and provide tools and guidelines for communication activities from the planning to the implementation phases. Through this group, norms and standards in monitoring and evaluation of communication activities will also be strengthened.

The group members will hold a monthly teleconference to review progress being made in this field and to coordinate the planning and provision of technical assistance.

(Editor’s note: The group is closely linked to the globally coordinated IPV communications sub-group, also consisting of a range of partner agencies, together making available a number of information resources on IPV through a dedicated web site.)
Vaccination Week in the Americas: Baracara, Region 6, Guyana

Rosalinda Hernandez-Muñoz, PAHO-Guyana

Guyana’s Ministry of Health/Regional Health Authority, Region 6, observed Vaccination Week in the Americas (VWA) on 29 April 2014 at the Baracara Health Centre. Representatives from the PAHO/WHO, Guyana Country office and the Ministry of Health, Guyana, participated in the activity.

Dr Hernandez, Advisor Family Health/IM, PAHO/WHO, in her brief remarks, congratulated the Regional Health Authority, Region 6, and the community for maintaining vaccination coverage at 100%. She reminded the community of the importance of being vaccinated to prevent vaccine-preventable diseases in children and adults and committed the PAHO/WHO country office in Guyana to continue supporting the Ministry of Health so they achieve and maintain over 95% vaccination coverage in the country’s ten administrative regions.

Dr Woolford, Director of Maternal and Child Health Services at the Ministry of Health, also emphasized the importance of vaccination and was very appreciative of the men that were present at the clinic with their babies. She encouraged them to continue supporting their families and to ensure that their babies got vaccinated.

At the end of the ceremony, the team observed the vaccination activities and socialized with the community members. One hundred people were targeted for yellow fever, diphtheria and tetanus vaccines in the frame of the Vaccination Week 2014.

Integrated Immunization Week

Tikua Tekitanga, Ministry of Health, Kiribati and Nnakina Ioteba, WHO Country office Kiribati

Immunization week (22-25 April 2014) with the theme “Stop hepatitis B and liver cancer, vaccinate at birth” was organized by the team known as MNCAH (a coordinating body that involves and oversees the Maternal and Child Health Programme in the Country at the Ministry of Health).

To raise community awareness, a month before the actual Immunization Week, street banners were displayed to advocate the day and the importance of having a complete and timely vaccination of newborns. During Immunization Week itself, the Committee held activities such as road shows in different catchment areas addressing the more populated places and targeting under five-year-old children.

On 25 April 2014, educational key messages were presented together with flyers which gave people opportunities to respond to questions regarding vaccination. Cooking demonstrations for mothers were a favorite activity where under five years old could taste the cooking.

The poem and skit competition between primary schools Class “1” was very challenging and informative for the public, as well as the drama show performed by the youth boys.

A one-hour “live-radio” was used as a mean of conveying messages to those people unable to come, including those on the outer islands of the country.

The team invited judges to score the competition, and those in first to third positions were awarded cash prizes. The other primary schools received a certificate of participation.

The week was a successful gathering, despite the poor weather, with many people coming to watch, listen and ask for assistance regarding Maternal and Child Health.
Guyana and Suriname launched Vaccination Week in the Americas in Boskamp, Saramacca, Suriname on 28 April 2014. The Ministry of Health Guyana delegation, led by the Minister of Health (MoH) Dr Bheri Ramsaran, included the Maternal and Child Health Director, Dr Janice Woolford; the director of Regional Health Services, Dr Monica Odwin; and the representative of the Regional Health Authority Region 1, Medex Gilkes. The PAHO/WHO Guyana country office delegation led by Dr William Adu-Krow PAHO/WHO Representative (PWR), included Dr Rosalinda Hernandez, advisor, Family Health/IM and Ms Melanie Thomas, CIDA-PAHO Project Coordinator. UNICEF-Guyana was represented by the Child Survival and Development officer, Ms Cornelly McAlmont.

During the VWA launch ceremony, the District Commissioner of Saramacca, Suriname mentioned that the annual public health campaign was aiming at promoting equality and access to immunization, strengthening immunization programs in the region and that it matched the comprehensive Multi Year Plan (cMYP). He also mentioned that good cooperation with neighboring countries was essential. He felt honored to start the celebration of this important event.

The PAHO/WHO Representative (PWR) in Guyana mentioned the accomplishments in the region resulting from high vaccination coverage. These include small pox eradication in 1971, the control of endemic polio in 1991, and the last cases of measles and rubella in 2002 and 2009, respectively. He further mentioned that a minimum of 95% vaccination coverage must be maintained. He urged that everyone should know what vaccines are available, check their immunization status and protect themselves from vaccine preventable diseases (VPDs). The PWR highlighted the three-pronged approach to immunization: vaccinate the target population; Make sure the routine programme is strengthened; and conduct mass immunization.

The PWR concluded by mentioning, “Vaccination is our best shot, let’s take it.” The MoH mentioned that Guyana would join Suriname to fight the cross-border spread of diseases and their need to work together to fight VPDs. He further mentioned that diseases had no respect for borders and that they could wreak havoc, not only on individual citizens but on the countries’ economies. He expressed appreciation to PAHO/WHO and UNICEF for their support.
Caribbean country activities for public education and increased surveillance related to FIFA World Cup Soccer
Karen Lewis-Bell, Sub-Regional Immunization Advisor, PAHO-Jamaica

Caribbean countries conducted local media campaigns targeting FIFA World Cup travelers to Brazil, using PAHO material. Some country-specific reports follow:

**Suriname**

Medical personnel have been alerted to enhance surveillance between June and August 2014, the period surrounding the World Cup. Travel agencies have been contacted to advise travelers about measles/rubella vaccination and advertisements have been placed in newspapers to alert the general public. Information regarding Chikungunya, Middle East Respiratory Syndrome (MERS) and a measles/rubella alert were distributed.

At the airport, the Port Health authorities will be alerted to look out for possible cases among persons returning from Brazil. All returning travelers will receive a measles/rubella information card and where they should go if they have symptoms. Health workers from the Expanded Programme on Immunization (EPI) have been alerted to maintain high measles/rubella vaccination coverage. Mop-up activities are on-going.

**Cayman Islands**

A health alert for World Cup travelers was issued by the Medical Officer of Health, Dr Kiran Kumar. The Minister of Health issued a message during Vaccination Week in the Americas (VWA), highlighting the upcoming World Cup in Brazil, consistent with this year’s VWA theme. Radio interviews were also conducted during Vaccination Week.

An article was published about the services offered at the travel health clinics and the need for travelers to be vaccinated prior to attending the World Cup. Weekly travel health clinics were being conducted where patients are interviewed and immunized.

**Jamaica**

Health alerts have been issued in print and electronic media regarding the need for World Cup travelers to be adequately vaccinated against measles, rubella and yellow fever. Interviews have also been conducted on this topic.

In addition to the weekly travel clinics, three health facilities in Kingston and Montego Bay were opened on Saturday and Sunday mornings to facilitate the vaccination of travelers at no cost. These clinics will remain open through the end of June.

Health staff were reminded of the surveillance requirements for measles and rubella and advised to heighten surveillance between June and August 2014. Municipalities also increased efforts to conduct mop-up Measles, Mumps and Rubella (MMR) vaccination among vulnerable populations, especially children.
Vaccination against Cholera in two areas in Haiti, 2013

Ministry of Health, Haiti

Cholera emerged in Haiti in October 2010. Although at a much lower incidence, cholera cases continue to be reported in the country. A 2013-2020 plan to eliminate cholera transmission from the Island of Hispaniola has been adopted in a partnership with the Dominican Republic, with vaccination identified as a complementary measure to other cholera prevention and control interventions in high-risk areas (highly populated urban settings as well as scattered, hard-to-reach rural communities).

The National Expanded Programme on Immunization (EPI), with the support of international partners, conducted a vaccination campaign in two sites. In total, 107,906 persons were targeted in Petite Anse (86,989 persons) and Cerca Carvajal (20,917). All people at the selected sites were eligible for vaccination, except children under one year old and pregnant women. A total of 105,920 persons received the two-dose immunization series and the administrative two-dose coverage was 92% in Petite Anse and 104% in Cerca Carvajal.

In addition, the US Centers for Disease Control and Prevention, in collaboration with the Ministry of Health, conducted surveys before and after the vaccination campaign aiming to learn lessons that could inform future cholera vaccination campaigns in Haiti:

1. A KAPB (Knowledge, Attitudes, Practices, and Beliefs) study before and after the vaccination campaign to assess its impact on the communities' knowledge, attitudes and practices in relation to other cholera prevention measures, such as water purification, hygiene, sanitation and vaccination practices.
2. A vaccine coverage study to verify coverage in the selected target population, to identify acceptability and obstacles to vaccination, and to monitor events supposedly attributed to the cholera vaccine and immunization.
3. A study on cholera vaccination field effectiveness, in order to assess vaccination impact in preventing severe cholera cases in vaccinated areas.

The coverage study revealed a two-dose vaccine coverage rate of 63% in Petite Anse and 77% in Cerca Carvajal. In both areas, women and children under 15 presented higher coverage than men and adults in general. The main reasons for not having been vaccinated were lack of time to be vaccinated and absence during the campaign. No major adverse events were reported.

At the same time as the vaccination activities, complementary interventions were conducted by the potable water and sanitation national agency (DINEPA) to improve access to clean water and sanitize the environment; and by the communication team, so that the population is aware of and implements the recommended precautionary measures.
cMYP EPI Pakistan 2014-2018 Launched
Irtaza Chaudhri, WHO EMRO

At the beginning of 2014, the extensive exercise of developing the new comprehensive Multi Year Plan (cMYP) by the Expanded Programme on Immunization (EPI) in Pakistan for the period 2014-18 was undertaken. Considering the devolved administrative status of the country, eight stand-alone cMYPs were developed by Provinces/areas. These have been consolidated into the National cMYP for 2014-18.

The priority strategies included in the national cMYP are: streamline immunization programme management at all levels in the light of the devolution, with focus on local ownership and sustainability; improve immunization service delivery through mobilizing additional skilled immunization staff, strengthening physical infrastructures, implementing micro-planning in all Union Councils (UCs) and upgrading logistics systems; to increase sustainability of immunization through effective integration into MNCH services and improved planning and budgeting; and to increase political and public awareness on the importance of immunization through evidence-based advocacy, communication and social mobilization activities.

The national cMYP was officially launched by HE Minister of National Health Services, Regulation and Coordination, in Islamabad on 4 June 2014. The event was attended by the Regional Director EMRO, and representatives of partners, provinces and the media. Speaking on the occasion, HE the Minister urged the provinces/areas, the implementers of EPI activities, to make the best use of this very comprehensive planning for EPI. RD EMRO emphasized the importance of implementation of the cMYP as critical to its real success and highlighted the importance of strengthening routine immunization in the country.

Meetings / workshops

PAHO/WHO and partner discussion on Routine Immunization Investment Case, ProVac approaches and other activities around advocating for sustainable immunization financing

Claudia Castillo (PAHO-WDC), Gabriela Felix (PAHO-WDC), Cara Janusz (PAHO-WDC), Hannah Kurtis (PAHO-WDC), Martha Velandia (PAHO-WDC)

Location: Washington DC, USA
Date: 25-26 March 2014
Participants: Cara Janusz (PAHO/ProVac), Gabriela Felix (PAHO/ProVac), Martha Velandia (PAHO), Hannah Kurtis (PAHO), and Claudia Castillo (PAHO); Rudi Eggers, Karen Hennessey, Raymond Hutubessy and Claudio Politi (WHO); and partners from Harvard, the Sabin Vaccine Institute*, Agence de Médecine Préventive (AMP)* [Participating day 2]

Purpose: Describe and understand the different approaches and activities under way by the WHO/HQ Routine Immunization Investment Case group and the PAHO ProVac work using costing information to support resource mobilization and improve budgeting and planning for immunization; identify synergies and opportunities for collaboration to avoid redundancies; examine case studies on the investment case for immunization (Honduras, Vietnam); chart out a way forward for further collaboration.

Details: During this two-day meeting, each team briefed the group on their work in the area of costing, budgeting and planning for effective immunization programmes. Additionally, opportunities for collaboration were explored to promote synergies and complements between areas of work at country-level.
Next steps
1. WHO and PAHO to explore the synergies between COSTVAC tool and comprehensive Multi-Year plan (cMYP) costing and financing tool.
2. WHO HQ (RIIC team) will continue exploring possible approaches to defining the return on investment case for immunization. Specifically, the team at HQ will develop an “easy-to-understand and implement” way of estimating the impact of vaccination.
3. WHO HQ will consult with experts in translating technical messages into laypersons terms and will formulate of guidance to articulate the cost-benefit of RI.
SEAR EPI Data Managers Orientation: Enhanced Measles and Vaccine preventable diseases (VPD) Surveillance

Virginia Swezy, WHO SEARO
Location: New Delhi, India
Date: 29 April to 01 May 2014

Participants: 25 colleagues representing the EPI programmes in 11 countries, including EPI managers, epidemiologists, and data focal points from the respective Ministries as well as WHO Country Offices; WHO HQ and the US Centers for Disease Control and Prevention.

Purpose: To support the SEAR Member States with their roll-out of monitoring the recommended surveillance performance indicators for measles elimination and rubella control; to provide a briefing on strategies and issues in case-based data collection and management; to provide a briefing on the established SEAR measles & rubella surveillance performance indicators; and to discuss data exchange formats and reporting timelines for the SEAR.

Details: The outcome of this orientation, is a consensus that by the end of June 2014, the EPI Data Managers were to link/merge the laboratory data to suspected measles cases in the case-based reporting system; include suspect cases from outbreaks in their reporting systems; ensure that the “classification scheme” for reported suspect cases is applied; send case-based data to WHO SEARO weekly using the agreed data exchange format (DEF) – beginning with what is currently available.

While there was acknowledgement that there are challenges to reporting case-based data, five countries committed to start reporting immediately. The remaining six countries in the region will be able to start reporting some data soon. Refinements in the system would continue in the months to come.

In conclusion, it was agreed that the processes would continue to be adjusted over the next few months based on feedback and inputs from the EPI Data Managers, and that issues in data reporting, quality, and use may exist for some time, as the process is established. Nonetheless, countries would begin providing case-based data on a weekly basis as the network and system is further developed.
Workshop on Strengthening Immunization Financing

Claudio Politi, WHO HQ

Location: WHO Training Centre in Hammamet, Tunisia

Date: 11-13 June 2014

Participants: Country delegations - including representatives of Ministry of Health, Ministry of Finance and EPI - from Guinea, Kenya, Lao PDR, Madagascar, Niger, Sierra Leone and Sudan; representatives of GAVI, UNICEF, Bill and Melinda Gates Foundation, Sabin Institute, Médecins Sans Frontières and Agence de Médecine Préventive; WHO HQ and regional focal points of immunization financing and health system strengthening.

Purpose: To present and discuss countries' strategies to strengthening immunization financing systems based on assessments carried out at country level and action plans developed in 2013 and 2014.

Details: The workshop reviewed progress and issues on financing basic and new vaccines as well as immunization services. The country assessments carried out in 2013 with the technical support of WHO formed the basis for the discussion on strategies to strengthening immunization financing.

The agenda included presentations on health system and immunization costing and financing, working group sessions and plenary discussions on country experience and lessons learned; country consultations on GAVI co-financing policy and the Vaccine Independence Initiative, round table with representatives of international agencies to discuss their plans and practical activities to strengthening immunization financing.

Main strategies to strengthening immunization financing were identified by country and partner representatives. They include full funding of basic vaccines with government budget, reinforcing the role of EPI within national budget allocation process; streamlining administrative financial procedures; promoting advocacy and dialogue with finance departments, mobilizing domestic resources; updating, costing, implementing and monitoring comprehensive multi-year plans (cMYP) and related Annual Plans; building capacity on financial management and economic evaluation; and improving the efficient use of resources.

Participants agreed on practical follow up actions, including quarterly monitoring and reporting on implementation of activities to strengthening immunization financing.
14th WHO African Rotavirus Surveillance Network Genotyping Workshop

Jeffrey Mphahlele and Lufuno Netshifhefhe, WHO African Rotavirus Surveillance Network (AFR RSN)

Location: University of Limpopo, Medunsa Campus, Pretoria, South Africa

Date: 26 May - 6 June 2014

Participants: 22 delegates from WHO AFR RSN representing 14 African countries (Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Mauritius, Namibia, Rwanda, Seychelles, Swaziland, Tanzania-Zanzibar, Uganda, Zambia and Zimbabwe), five facilitators from WHO ESA and IST, two facilitators from Global Rotavirus Reference Laboratory in CDC Atlanta (USA), one facilitator each from Kenya Medical Research Institute and Mauritius, Central Laboratory, Victoria Hospital, and various members from the University of Limpopo Medunsa Campus.

Purpose: To introduce participants to the various molecular techniques applied in rotavirus identification and characterization for the purpose of genotyping the rotavirus strains circulating in Africa. The intention was also to highlight the following objectives (to provide orientation to participants using WHO generic protocols and guidelines, review standard operating procedures (SOP’s), review WHO rotavirus performance indicators, provide training in Good Laboratory Practice (GLP), Quality Assurance (QA) and Quality Control (QC), practical training on laboratory methods for rotavirus identification and characterization).

Details: The workshop was hosted in co-partnership with the WHO African Regional Office (WHO AFRO) and Ministries of Health (MOH) in Africa. The two-week workshop focused on lectures and experiential training on rotavirus molecular techniques. On the last day of the workshop participants were tasked with giving presentations on their preliminary results. This data is what binds WHO AFRO and AFR RSN to their mandate, which is to generate data on the molecular epidemiology and genetic diversity of the rotavirus within the African continent.

The WHO AFRO region has thus far made inroads in defining the different circulating rotavirus strains pre and post – vaccination. To date, the generated data has been used in guiding the different countries’ Ministries of Health in making informed decisions regarding the rotavirus vaccines, Rotarix™ and Rotateq®. Currently, 19 countries (16 of which are eligible for GAVI support) in Africa have introduced rotavirus vaccines into their routine Expanded Programme on Immunization (EPI) schedules and have 18 surveillance programmes in place. With such strides made, the focus for WHO AFRO remains to introduce the rotavirus vaccine in the African Region and to monitor vaccine efficacy.
Evaluation of Immunization Data Quality and the Electronic Immunization Registry in Panama

Itzel de Hewitt and Dalys Pinto, Ministry of Health, Panama; Carolina Danovaro and Martha Velandia, PAHO-WDC; Dilsa Lara, PAHO-Panama; Marcela Contreras, PAHO-Consultant Chile; Daniel Otzoy, TEPHINET Guatemala.

Location: Panama

Date: 22-30 May 2014

Participants: EPI nurses from four of the country’s 14 health regions joined PAHO staff and consultants to conduct the assessment, analyze the data and propose recommendations.

Purpose: To conduct a field diagnosis of vaccination data and the EPI information system, including the country’s electronic immunization registry in use since 2006, and provide recommendations for improvement.

Details: This DQS included a module to evaluate an electronic immunization registry (EIR). This is the first time that a DQS in the Americas formally included an assessment of an EIR (though some adaptations had been done to assess the registries of Uruguay in 2006, Belize in 2011 and Colombia in 2012).

The EIR evaluation module was recently developed by the Pan American Health Organization (PAHO) with support from partners. It includes questions to describe the registry’s scope, the software’s architecture, the EIR functionalities, the normative and legal context, issues of maintenance and sustainability; human resources; the level of implementation and future plans. Questions on availability of adequate computers, internet access, infrastructure, human resources and technical support, adequate use of the EIR and perceptions of EIR users (EPI and data entry clerks) were added to the DQS quality tools.

Worth highlighting are the findings of committed and skilled EPI and statistics personnel, used to capturing individual vaccination information; high data agreement between paper forms and the registry; and high levels of satisfaction with the software. Recommendations included seeking mechanisms to improve the timeliness of data consolidation and analysis; a greater use of the capabilities of the registry to track defaulters and to conduct other analyses; updating of the software to a newer platform (in the context of the eHealth strategy, which is in very early stages); and improving infrastructure, dotation of human resources and technical support in order to optimize the use of the immunization registry.

The results and recommendations of this DQS Plus were presented to national health authorities on 30 May 2014. The results of the evaluation will be shared with all health regions and a plan of action will be developed to assess other regions and start implementing the recommendations.
Effective Vaccine Management (EVM) Global consultant training workshop for francophone consultants

Solo Kone, WHO HQ

Location: Dakar, Senegal
Date: 22 May to 2 June 2014
Participants: 41 participants from 22 Francophone countries in four WHO regions (Africa, Americas, East Mediterranean and Europe).

Purpose: To develop a critical mass of qualified EVM assessors capable of conducting assessments and support countries’ planning improvement activities to close identified gaps in their vaccine supply chain systems.

Details: Jointly organized by WHO and UNICEF with the support from GAVI secretariat, this six-day workshop’s agenda covered both theoretical updates and practical exercises on assessing all nine EVM criteria and EVM improvement planning. Interactive reading and active discussions in plenary helped familiarize participants with the EVM questionnaires and tools, including: EVM sites selection tool for systematic selection of the sample of sites for the EVM assessment; EVM assistant tool, for estimating numerical indicators on capacities for storing, transport and coolant-pack production; and EVM assessment tool, from the creation of assessment structure, sites workbooks, export/import questionnaires and merging data, as well as generation of data set.

A field visit was conducted to practice and consolidate the practical knowledge of participants with all the EVM processes, from data collection, analysis, identification of strengths and weaknesses and formulation of consistent recommendation to guide development of EVM improvement plans.

At the end of the workshop, the participants expressed a vote of thanks to the organizers of the workshop and committed to implementing the knowledge gained. They called partners to sustain their efforts in capacity building through supporting peer to peer EVM assessments and revitalization of periodic orientation meetings for national logistics officers.
Hands-on training workshop on cell culture techniques for the laboratory diagnosis of polio/enteroviruses and Measles/Rubella viruses in the Western Pacific Region

Youngmee Jee MD, PhD, WHO Regional Office for the Western Pacific

Location: Hong Kong (China)

Date: 19-23 May 2014

Participants: Eighteen participants (nine participants from WHO polio network laboratories and nine participants from measles/rubella network laboratories) from China, Malaysia, Mongolia, New Zealand, Philippines, Republic of Korea, Singapore, Viet Nam Hanoi and Viet Nam Ho Chi Minh City, and Macau (China); Facilitators from the World Health Organization (WHO), Victorian Infectious Diseases Reference Laboratory (VIDRL) Australia, National Institute for Infectious Diseases Japan and Public Health Laboratory Centre Hong Kong.

Purpose: To enable participants from national polio and measles/rubella laboratories to enhance their knowledge and skills on cell culture techniques of polio and measles/rubella viruses by maintaining cell lines for virus isolation based on WHO standard procedures, performing virus isolation and identification using the new algorithm for polioviruses and recommended standard procedures for measles and rubella viruses, and performing cell sensitivity for polioviruses on WHO recommended cell lines; and to further update the requirements for laboratory quality assurance of polio and measles/rubella as WHO network laboratories including proficiency testing, WHO accreditation, and data management and reporting.

Details: The World Health Organization Regional Office for the Western Pacific organized a five-day hands-on training workshop on the cell culture techniques for the laboratory diagnosis of polio/enteroviruses and measles and rubella viruses held in Hong Kong (China) on 19-23 May 2014 for the nine polio laboratories and eight measles/rubella laboratories. The objectives of the workshop were achieved through comprehensive hands-on practical sessions and lectures.

The performance of the polio laboratories in virus isolation techniques including cell sensitivity which are critical for the rapid detection/identification of polioviruses has further improved. It is anticipated that measles and rubella virus isolates will increase to obtain complete genotype and sequence information in the Region. The participants were also provided the opportunities to share experiences and challenges in the laboratory surveillance of polioviruses and measles/rubella viruses through country presentations. Furthermore, the participants were trained in the safe practices and techniques for handling infectious agents or potentially infected materials.
Impact de la vaccination contre l’hépatite B: meilleures pratiques pour mener une enquête sérologique (WHO/IVB/11.08F)

La première étape de planification d’une enquête sérologique concernant l’hépatite B consiste à fixer les objectifs de l’enquête. Le présent document s’adresse aux personnes qui ont pour objectif soit de déterminer la prévalence initiale de l’infection à VHB chez les enfants avant l’introduction du vaccin anti-hépatite B, soit d’évaluer l’impact du programme de vaccination contre l’hépatite B. Un exemple d’objectif pourrait donc être « d’évaluer la prévalence de l’infection chronique à VHB au sein d’un échantillon représentatif à l’échelle nationale, composé d’enfants nés après l’introduction du vaccin anti-hépatite B dans les programmes de vaccination des nourrissons ».

Summary Tables of WHO Routine Immunization Recommendations
Tracey Goodman, WHO HQ

The Summary Tables of WHO Routine Immunization Recommendations have been updated to reflect the April 2014 SAGE recommendation for a two-dose HPV vaccine schedule. We are currently working on the WHO Position Paper for HPV vaccines but this will not be available until October 2014. In the interim, we felt it important that the Summary Tables were updated to reflect the HPV vaccine schedule decision of SAGE.

The latest versions of the Summary Tables available in both French and English can be downloaded from the WHO website.

Just a reminder that a User’s Guide to the Summary Tables exists. This short guide has been developed as a companion piece to help orientate users of the summary tables.

What are the purposes of this guide?
- To raise awareness that the full spectrum of WHO recommendations for routine immunization are available in two summary tables.
- To explain how the summary tables can be used at country level to review and possibly modify a national immunization schedule so that it has greater impact and efficiency.
- To highlight practical and operational issues that country decision-makers should consider when making a change to the national immunization schedule.

The Summary Tables are intended for use by national immunization managers and key decision-makers, chairs of national advisory committees on immunization, and partner organizations, including industry.
An updated WHO position paper on varicella (chickenpox) and herpes zoster (shingles) vaccines has been published in the 20 June 2014 edition of WHO's *Weekly Epidemiological Record*. The revised position paper integrates new information related to global prevalence and burden of disease caused by varicella and herpes zoster with data on the safety, immunogenicity, efficacy and effectiveness of varicella and herpes zoster vaccines and the duration of protection conferred by these vaccines, as well as cost-effectiveness considerations.

WHO recommends that routine childhood immunization against varicella could be considered in countries where the disease has an important public health impact. Resources should be sufficient to support sustained vaccine coverage of more than 80%. Settings where varicella vaccine coverage levels are less than 80% are at risk of an increase of severe disease and mortality in adults.

Countries deciding to introduce routine childhood varicella immunization, should administer vaccination at 12 to 18 months of age. The number of doses administered is dependent on the goal of the vaccination program. One dose is sufficient to reduce mortality and severe morbidity from varicella. Two doses induce higher effectiveness and should therefore be recommended in countries where the programmatic goal is, in addition to decreasing mortality and severe morbidity, to further reduce the number of cases and outbreaks.

Varicella is an acute, highly contagious disease with worldwide distribution caused by the varicella zoster virus. While mostly a mild disorder in childhood, varicella tends to be more severe in adults. The disease may be fatal, especially in newborns and immunocompromised individuals.

Following infection, the virus remains dormant; upon subsequent reactivation, usually much later in adult life, varicella zoster virus may cause herpes zoster (shingles) a disease affecting mainly immunocompromised individuals and elderly people. Patients experience significant pain and discomfort that may last for weeks, months or even years in severe cases, diminishing the quality of life.
# Calendar

## 2014

### July

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<tr>
<td>7-11</td>
<td>AFRO Central cMYP workshop</td>
<td>Yaoundé, Cameroon</td>
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<tr>
<td>14-18</td>
<td>AFRO East and South HPV workshop</td>
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### August

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<tr>
<td>12-15</td>
<td>SEAR and WPRO: 8th Bi-regional meeting on Influenza Surveillance &amp; National Influenza Centres (NICs)</td>
<td>Jakarta, Indonesia</td>
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<td>25-29</td>
<td>SEARO Immunization Technical Advisory Group Meeting</td>
<td>New Delhi, India</td>
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### September

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>1-5</td>
<td>AFRO Regional Committee meeting</td>
<td>Cotonou, Benin</td>
</tr>
<tr>
<td>3-5</td>
<td>11th International Rotavirus Symposium</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>8-12</td>
<td>SEARO Regional Committee meeting</td>
<td>Bangladesh</td>
</tr>
<tr>
<td>15-18</td>
<td>EURO Regional Committee meeting</td>
<td>Copenhagen, Denmark</td>
</tr>
<tr>
<td>15-19</td>
<td>PAHO IPV introduction planning meeting</td>
<td>TBD</td>
</tr>
<tr>
<td>22-24</td>
<td>Global Measles Rubella Laboratory Meeting</td>
<td>Istanbul, Turkey</td>
</tr>
<tr>
<td>29-3</td>
<td>PAHO’s Regional Committee meeting</td>
<td>Washington DC, USA</td>
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### October

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<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>13-17</td>
<td>WPRO Regional Committee meeting</td>
<td>Manila, Philippines</td>
</tr>
<tr>
<td>14-18</td>
<td>AFRO East &amp; South Sub-Regional Workshop group meeting</td>
<td>Antananarivo, Madagascar</td>
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<tr>
<td>19-22</td>
<td>EMRO Regional Committee meeting</td>
<td>Tunisia</td>
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<tr>
<td>21-23</td>
<td>Strategic Advisory Group of Experts</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>27-29</td>
<td>DCVMN Annual General meeting</td>
<td>New Delhi, India</td>
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### November

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<thead>
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<tbody>
<tr>
<td>17-21</td>
<td>EMRO Expanded Programme on Immunization Managers meeting</td>
<td>Amman, Jordan</td>
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<tr>
<td>22-25</td>
<td>Intercountry Meeting on Measles and Rubella</td>
<td>Amman, Jordan</td>
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### December

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>8-12</td>
<td>Vaccine-Preventable Diseases Laboratory Network Meeting</td>
<td>Manila, Philippines</td>
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<tr>
<td>9-10</td>
<td>SEAR Regional Working Group on New Vaccine Introduction and HSS</td>
<td>Myanmar</td>
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## 2015

### April

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>14-16</td>
<td>Strategic Advisory Group of Experts</td>
<td>Geneva, Switzerland</td>
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### October

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<tbody>
<tr>
<td>20-22</td>
<td>Strategic Advisory Group of Experts</td>
<td>Geneva, Switzerland</td>
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</table>
Links

Organizations and Initiatives

American Red Cross
Agence de Médecine Préventive
Airichol
EpiVacPlus
LOGIVAC Project
SIVAC
Centers for Disease Control and Prevention
PAHO
Polio
Global Vaccines and Immunization
Johns Hopkins
International Vaccine Access Center
Vaccine Information Management System

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

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

PAHO
ProVac Initiative

UNICEF
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
Dengue Vaccine Initiative
European Vaccine Initiative
Gardasil Access Program
GAVI Alliance
International Association of Public Health Logisticians
International Vaccine Institute
Measles & Rubella Initiative
Multinational Influenza Seasonal Mortality Study
TechNet-21
Vaccines Today

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

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