Inside this issue:

News
- MenAfriVac® becomes the first vaccine to gain approval to travel outside cold chain in Africa
- Historic moment for Myanmar as it begins simultaneous roll out of two New Vaccines in the EPI programme
- Ethiopia becomes Vaccine Safety E-learning champion in Africa
- WHO recommends seasonal influenza vaccination to pregnant women as the highest priority
- Successful completion of Multi-Intervention Supplementary Immunization Activity in Papua New Guinea: Lessons learnt
- Maternal and Neonatal tetanus elimination (MNTe) Pre-validation mission to Sierra Leone
- Malawi introduces the Rotavirus vaccine to reduce diarrhoea illnesses and deaths among children
- New results from RTS,S/AS01 malaria vaccine trial
- China: Maternal and Neonatal Tetanus Elimination Validated
- International Expert Committee (IEC) for Measles and Rubella Elimination in the Americas Conducts Field Visits during November 2012
- Evaluation of the Effective Vaccine Management in Gabon
- Papua New Guinea Conducts National Hepatitis B Serosurvey

Meetings/Workshops
- The 18th meeting of the Regional Commission for the Certification (RCC) of Poliomyelitis Eradication in the Western Pacific Region meeting
- Workshop to Systematize HPV Vaccination Experiences of Early-Adopter Countries
- AMP holds third annual Africhol consortium meeting
- Seventh African Rotavirus Symposium
- Expert Consultation for the Development of a Regional Framework for Coverage Monitoring and Impact Evaluation of HPV Vaccination
- The Hands-on Training Workshop on the Laboratory Diagnosis of Measles and Rubella focusing on new real time PCR techniques in the Western Pacific Region in Hong Kong China, 29 October-03 November 2012
- Meeting of the Polio Laboratory Network
- The 2013 TechNet Consultation Dakar, Senegal from 5-7 February 2013

New Resources

Regional Meetings & Key Events

Related Links

For more information, visit this website.

News

ROUTINE VACCINATION REACHING FOUR IN FIVE CHILDREN BUT 22 MILLION STILL MISS OUT
30/11/2012 from Hayatee Hasan, WHO HQ

Four in five children (83%) worldwide received the recommended three doses of diphtheria–tetanus–pertussis (DTP) vaccine during infancy in 2011, according to new data.

The data show sustained progress from the previous two years, and a significant achievement from when WHO’s Expanded Programme on Immunization (EPI) was originally started nearly 40 years ago. At that time, fewer than 5% of the world’s children were being vaccinated against these three deadly diseases.

MENAFRIVAC® IS THE FIRST VACCINE TO GAIN APPROVAL TO TRAVEL OUTSIDE COLD CHAIN
30/11/2012 from Hayatee Hasan, WHO HQ

The meningococcal A conjugate vaccine known as MenAfriVac® can now be kept in a controlled temperature chain at temperatures of up to 40°C for up to four days. With this new regulatory approval, this innovative vaccine, which costs less than US$0.50 per dose, could help increase vaccination campaign efficiency and coverage.

Read the press release on the revolutionary meningitis vaccine.
Read the WHO fact sheet on meningococcal meningitis.
Read the press release on MenAfriVac launch campaign in Benin.
Read the feature story on meningitis vaccination in Ghana.
MENAFRIVAC® BECOMES THE FIRST VACCINE TO GAIN APPROVAL TO TRAVEL OUTSIDE COLD CHAIN IN AFRICA
30/11/2012 from Monique Berlier, PATH

As Benin rolls out MenAfriVac®, scientists from the Meningitis Vaccine Project (MVP), a partnership between WHO and PATH, announced on 14 November 2012 that the meningococcal A conjugate vaccine created to meet the needs of Africa’s meningitis belt can now be transported and stored for as long as four days without refrigeration or even an icepack.

MenAfriVac®, which is already showing a dramatic impact in Africa, is the first vaccine to benefit from a decision that could help increase campaign efficiency and coverage and save funds normally spent maintaining the challenging cold chain during the “last mile” of vaccine delivery. It is estimated that, by the end of 2012, more than 100 million people in Africa will have received MenAfriVac®, which is produced by the Serum Institute of India, Ltd.

Read more on the MVP website.

HISTORIC MOMENT FOR MYANMAR AS IT BEGINS SIMULTANEOUS ROLL OUT OF TWO NEW VACCINES IN THE EPI PROGRAMME
30/11/2012 from Vino Bura, WHO Myanmar

In November 2012 Myanmar launched two new vaccines into its Expanded Programme on Immunization (EPI). Haemophilus Influenza type B (Hib) and the second dose of routine Measles vaccine will now be part of the National Immunization schedule. An official launch introducing these new vaccines was held in Nay Pyi Taw on 6 November 2012.

His Excellency, Union Minister for Health Prof. Dr Pe Thet Khin thanked the GAVI Alliance, WHO and UNICEF for their support in introducing the new vaccines and urged members of the National Health Committee from the Union level ministries, regional governments and Non-Governmental Organizations (NGOs) to continue their efforts to protect children against vaccine preventable diseases.

At this historic launching ceremony, a high-level delegation of lead by GAVI Board Chair Dagfinn Hoybraten, and members of parliament from Australia and New Zealand were also present to observe and support the government of Myanmar which has committed to co-financing the pentavalent vaccine costs. Mr Hoybraten said “Children in Myanmar will receive the best protection available against five potentially deadly diseases”.

Dr H.S.B Tennakoon, WHO Representative for Myanmar said “The Government of Myanmar has shown leadership and continues to implement intensification activities to increase immunization coverage throughout the country to protect all children regardless of where they live. Introducing these new vaccines will help accelerate progress to achieve the goal of protecting more children and progress toward the Millenium Development Goal (MDG)4.” Subsequent to participating in a workshop targeted at maximizing the benefit of introducing pneumococcal and rotavirus vaccines, to increase access to quality care, the government has introduced integrated management of diarrhoea and pneumonia in selected hard to reach areas. Seventy hard to reach townships are targeted for Reach Every Child (REC) with essential package of services which include immunization, nutrition and water and sanitation interventions. Immunization is being used as a vehicle for delivering other child health intervention.

Kay Thwe Moe, first baby vaccinated with Pentavalent vaccine. Credit: Courtesy of MoH Myanmar.

Eleven-year-old Mikael from the village of Banikoara (northern Benin) becomes the first person ever vaccinated with a vaccine distributed in a “controlled temperature chain.” Far from realizing he is making history, he tells the vaccinator about his dream of being a doctor when he grows up. Photo: Sylvestre Tiendrebeogo/WHO
ETHIOPIA BECOMES VACCINE SAFETY E-LEARNING CHAMPION IN AFRICA
30/11/2012 Philipp Lambach, WHO HQ

On 1 November 2012, Ethiopia became the country with the highest number of individuals using the new WHO E-learning course on Vaccine Safety in Africa. Worldwide, Ethiopia ranks second only superseded by the USA.

37 professionals from Ethiopia and Tanzania used the E-course before participating in WHO’s Advanced Training on Vaccine Safety workshop in Addis Ababa. Within days, the E-course spread beyond training participants, reaching other Expanded Programme on Immunization (EPI), National Regulatory Authorities (NRA) and surveillance officials in Ethiopia.

The E-learning course enhances primarily the capacity of a broad range of individuals involved in vaccine safety, for example, vaccinating health professionals, national regulatory staff, and immunization staff. It covers main vaccine safety elements, including Adverse Events Following Immunization (AEFIs), surveillance and communication issues and introduces the different vaccine safety stakeholders.

Mr Dawit Dikasso, Deputy Director General of the Ethiopian national regulatory authority (FMHACA) judged the course as an important factor to strengthen Ethiopia’s vaccine pharmacovigilance system.

Dr Fiona Braka (WHO Ethiopia) recommended the powerful combination of the workshop with the E-learning course on Vaccine Safety “for vaccine professionals in Ethiopia where new vaccines have been and will continue to be introduced”. Dr Kassahun Mitiku Desta (WHO Ethiopia) suggested that the course should be promoted in rural areas in form of a CD, which will become available end of 2012.

The E-learning course proved to be a cost-effective and easily distributable way of disseminating vaccine safety knowledge rapidly in Ethiopia. Other countries in Africa can benefit from rolling out the E-learning course nationwide to programme officials and health professionals to increase their capacity to ensure vaccine safety.

The further distribution in African countries looks promising, with the continent showing the second strongest uptake of the E-learning course worldwide.

The course is available at this link.

WHO RECOMMENDS SEASONAL INFLUENZA VACCINATION TO PREGNANT WOMEN AS THE HIGHEST PRIORITY
30/11/2012 from Hayatee Hasan, WHO HQ

In an updated position paper, published in the Weekly Epidemiological Record on 23 November 2012, WHO recommends that countries considering the initiation or expansion of seasonal influenza vaccination programmes give the highest priority to pregnant women. Additional risk groups to be considered for vaccination, in no particular order of priority, are: children aged six-59 months; the elderly; individuals with specific chronic medical conditions; and healthcare workers. Countries with existing influenza vaccination programmes targeting any of these risk groups should continue to do so and should incorporate immunization of pregnant women into such programmes. Country-specific information about risk groups, disease burden and epidemiology, and vaccine cost-effectiveness are important to aid national policy makers and health programme planners in making informed decisions about target groups, timing for vaccination and coverage goals. For more information, visit this website.
SUCCESSFUL COMPLETION OF MULTI-INTERVENTION SUPPLEMENTARY IMMUNIZATION ACTIVITY IN PAPUA NEW GUINEA: LESSONS LEARNT
30/11/2012 from Siddhartha S Datta, WHO Papua New Guinea, Wang Xiaojun WHO WPRO, Sigrun Roesel, WHO WPRO

Based on the successful integration of routine vaccination in past SIAs, an EPI-Plus strategy was adopted in Papua New Guinea in 2012 aimed at providing children with a comprehensive range of immunization and other health promotion interventions. Consequently, over a two month period in June 2012, Papua New Guinea successfully conducted its first Multi-intervention Supplementary Immunization Activity (SIA) in which around 650,000 children received Oral Polio Vaccine (OPV), Vitamin A and Albendazole tablets, 550,000 children received measles vaccine, and 1.2 million women of child bearing age received tetanus toxoid vaccine, and around 80,000 children also received Diptheria, Tetanus, Pertussis (DTP)- Hepatitis B – Haemophilus influenzae type b pentavalent vaccine.

A Rapid Convenience Monitoring (RCM) was done in 13 provinces during the SIA to identify areas of missed children and plan for follow up activities to reach those children missed by the SIA. Information was also collected on the reasons for non-vaccination and source of information about the SIA to support district immunization staff in improving service delivery during the subsequent SIAs and routine immunization.

The cost of all vaccines, vitamin A and Albendazole was borne jointly by the Government of PNG, WHO and UNICEF while the operational cost was covered by the Australian Government Overseas Aid Programme (AusAID). Churches played a significant role in programme implementation and social mobilization along with other Non-Governmental Organization (NGOs) and business houses.

The cost outcome analysis of SIA 2012 shows the operational cost per intervention per beneficiary is PGK 0.86 (USD 0.43) while the cost of 2010 was PGK 5.88 (USD 4.85). This justifies the integration of maternal and child health interventions during SIAs in resources-constraint settings like PNG and paves way for such integration in routine outreach immunization sessions in PNG.

MATERNAL AND NEONATAL TETANUS ELIMINATION (MNTE) PRE-VALIDATION MISSION TO SIERRA LEONE
30/11/2012 from Ismaila Nuhu Maksha, UNICEF, Sierra Leone

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

As a follow up to the validation process, an assessment team comprising staff from UNICEF HQ in New York, UNICEF WCARO Regional Office in Dakar, Senegal and a WHO consultant from Geneva visited Sierra Leone, and jointly with WHO, UNICEF and Ministry of Health and Sanitation (MOHS) country team members, conducted a desk review of data, followed by visits to the poor performing districts. This joint exercise took place from 12-20 September 2012.

The mission visited three poorly-performing districts (Kambia, Koinadugu and Port Loko), six Peripheral Health Units (PHUs), 12 communities and interviewed a total of 240 women of child bearing age and 120 women with children less than two years. The review of health facilities and rapid community surveys indicated that women of reproductive health age have close to 80% TT2+ coverage and therefore protection against tetanus. The findings also showed that though clean delivery coverage has improved in the last years following “free health care service” for women and children, many women still deliver at home. The assessment also reviewed health service delivery in those districts. The assessment concluded that the country is ready for validation and therefore MOHS can claim elimination and request WHO to conduct a validation survey. The survey is likely to take place early 2013.
MALAWI INTRODUCES THE ROTAVIRUS VACCINE TO REDUCE DIARRHOEA ILLNESSES AND DEATHS AMONG CHILDREN
30/11/2012 from WHO Malawi

On 29 October 2012, Malawi officially launched the Rotavirus vaccine in the routine immunization schedule. The launch took place in Ntchisi district and the guest of honour was the Vice President of the Republic of Malawi and Minister of Health, Right Honourable Khumbo Kachali. The occasion was also attended by dignitaries from WHO, UNICEF, Clinton Health Access Initiative (CHAI), USAID and senior government officials.

At the launch, the Vice President acknowledged that diarrhoea and pneumonia are the two leading killers of children in Malawi accounting for nearly 25 percent of under-five deaths. Mr Kachali commended the support that the government of Malawi has received from partners such as GAVI, WHO, UNICEF and others to support various immunization activities. Furthermore Mr Kachali acknowledged that between 2001 to 2012 GAVI has disbursed over $58 million to the Government of Malawi through various grants to support Health Systems Strengthening, Immunization Services Support, and the procurement of new vaccines.

In her remarks, Dr Felicitas Zawaira, The WHO Representative in Malawi speaking on behalf of the GAVI Alliance, WHO and UNICEF congratulated the government of Malawi for the consistent steps it has taken to reduce childhood illnesses and deaths due to vaccine preventable diseases. In less than twelve months Malawi has introduced two new vaccines, Pneumococcal and Rotavirus vaccines to prevent the two leading global killers of children - diarrhoea and pneumonia.

From a development perspective, Dr Zawaira said, “no economic and social development can take place where immunization is lagging behind. Immunization enables every child to reach his or her full physical and intellectual potential.” She also commended the efforts by GAVI to increase access to immunization as being consistent with the universally accepted Millennium Development Goals.

Lastly she sounded her optimism that with the introduction of the Rotavirus vaccine and the implementation of other preventive strategies for diarrhoea, Malawi is on course to meet MDG4, to which diarrhoea is a significant contributor. Subsequent to participating in a workshop targeted at maximizing the benefit of introducing pneumococcal and rotavirus vaccines, Malawi has developed a road map for scaling up diarrhoea and pneumonia interventions in the context of child survival. Through the community health workers training Malawi is scaling up the delivery of preventive, promotive and treatment interventions. Malawi adopted integrated community management of pneumonia and diarrhoea and this has increased access to health services to many who were in need.

Malawi is the fourth GAVI-eligible country in Africa to roll out rotavirus vaccine in the national immunization schedule, following in the footsteps of Ghana, Rwanda and Sudan.

NEW RESULTS FROM RTS,S/AS01 MALARIA VACCINE TRIAL
30/11/2012 from Hayatee Hasan, WHO HQ

WHO notes the completion of the latest stage of the RTS,S/AS01 Phase 3 malaria vaccine trial. As communicated previously, WHO will make evidence-based recommendations in 2015. These recommendations will be based on the full results from the Phase 3 trial that will become available in 2014, including the site-specific efficacy and booster dose data. WHO recommendations are based on the input of its independent advisors. For malaria vaccines, the Joint Technical Expert Group (JTEG) on malaria vaccines will draft candidate policy recommendations for joint review by the Strategic Advisory Group of Experts on Immunization (SAGE) and the Malaria Policy Advisory Committee (MPAC) in 2015. For more information, click on this [link](#).
CHINA: MATERNAL AND NEONATAL TETANUS ELIMINATION VALIDATED
30/11/2012 from Sigrun Roesel, WHO WPRO

On 30 October 2012, WHO confirmed that China has successfully eliminated maternal and neonatal tetanus (MNT).

Following a comprehensive risk-assessment exercise in July 2012 that included all prefectures (“district” level), community-based validation surveys were conducted in October 2012 by China’s Health Authorities with support from WHO and the United Nations Children’s Fund (UNICEF) in two prefectures: Hechi (Guangxi Zhuang Autonomous Region) representing the western group of provinces and Jiangmen (Guangdong Province) representing the eastern group of provinces.

In total, 103 survey teams composed of interviewers and local guides, supported by 27 supervisors and 12 national and international monitors, visited 45,088 households and investigated 2,306 live births. No neonatal tetanus case or death from tetanus was discovered in either survey, confirming that MNT has been eliminated as a public health problem in these prefectures and therefore in prefectures with lower risk of neonatal tetanus and China as a whole.

The primary strategies in China for eliminating MNT are implemented by the Maternal and Child Health programme through improved antenatal care and promotion of clean and institutional deliveries. This approach is supported by upgrading infrastructure and equipment in county and township hospitals, improving skills of obstetrical staff at each level, subsidizing hospital delivery in poor areas, providing transportation to hospitals in remote areas and conducting health education and social mobilization.

In addition to these efforts, the Expanded Programme on Immunization (EPI) contributes to protection against tetanus through routine vaccination of infants and children. Both programmes conduct neonatal tetanus surveillance.

Since China began its intensive promotion of hospital delivery in 2000, nearly all babies (98% in 2011) are now born in hospitals compared to 65% when the programme started. Subsequently, the maternal mortality rate decreased from 53/100,000 live births in 2000 to 26/100,000 in 2011. Mortality rates among neonates fell by almost two thirds.

INTERNATIONAL EXPERT COMMITTEE (IEC) FOR MEASLES AND RUBELLA ELIMINATION IN THE AMERICAS CONDUCTS FIELD VISITS DURING NOVEMBER 2012
30/11/2012 from Carlos Castillo-Solórzano and Katri Kontio, PAHO

Members of the International Expert Committee (IEC) for Measles and Rubella Elimination in the Americas, external experts from other agencies, and the Pan American Health Organization’s (PAHO) regional advisor for measles and rubella visited Argentina, Colombia, and Haiti to conclude the process of documenting and verifying the elimination of endemic measles, rubella and congenital rubella syndrome (CRS) in the Region. The main objective of the visits was for the IEC to independently evaluate if the interruption of measles and rubella endemic transmission has been achieved in each country, recommend necessary revisions, and provide suggestions on additional measures for overcoming the remaining barriers in maintaining the interruption of measles and rubella transmission.

The countries were selected based on the challenges they reported during the documentation process. The last of the four missions planned will be conducted in Ecuador at the beginning of 2013 after the country has finished its elimination report. The visits consisted of revisions of existing data, discussions with government officials, national commissions, and visits to national laboratories and areas that have reported cases or particular challenges in epidemiological surveillance or in achieving high vaccination coverage during the past three years.

The IEC has expressed confidence in their regional report, stating that if managerial, and technical issues identified can be addressed, “elimination can be maintained”.

The IEC oversees the verification process of measles, rubella and CRS elimination. It has also received and reviewed national and regional reports and issued a report to the Pan American Sanitary Conference to verify that the circulation of wild viruses has been interrupted regionally. A Resolution calling on countries to maintain elimination by addressing the gaps in their immunization programmes was adopted by the Pan American Sanitary Conference in September 2012 (see GIN September 2012).
EVALUATION OF THE EFFECTIVE VACCINE MANAGEMENT IN GABON
30/11/2012 from Auguste Ambendet, WHO AFRO IST Central

In July-August 2012, an external review of the National Immunization Programme in Gabon was conducted. In their recommendations, the evaluators suggested conducting an evaluation of vaccine management in the country in order to better understand this area. In response to this recommendation, an effective vaccine management (EVM) assessment was conducted from 12-24 November 2012 by an international consultant recruited by the WHO Inter-country Support Team (IST).

The EVM covered 10 regions of the country, 18 health departments and nine prefectures. Twelve investigators were also recruited and trained for this activity. The debriefing to the national health authorities took place on 26 November 2012, and key recommendations were as follows:

- Vaccine arrival procedures: Strengthen the National Regulatory Authority (NRA) such that it is able to carry out lot testing and follow up of AEFIs.
- Temperature control: Conduct a mapping of temperatures in the national level cold store, install a continuous temperature tracking device, ideally with remote control, and use standard temperature recording charts.
- Storage and transport capacity: (1) Draft and make available to the appropriate people, SOPs for an emergency plan for coping with disruptions to the cold chain. (2) Provide the central stores with dry storage facilities.
- Buildings, equipment and transportation: (1) Train cold room staff on procedures for working in a cold room and provide them with appropriate clothing. (2) Provide the central stores with a table for packing vaccines, improve the guttering to rain-proof the offices and provide a fire extinguisher.
- Maintenance: Institute a monthly reporting system on the status of the cold room including an analysis of temperatures recorded during the month.
- Stock management: (1) Strengthen the stock management capacity of staff. (2) Regularly update computerized registers of vaccines, diluents and injection material. (3) Revise the order and delivery forms to include all required information, and ensure they are correctly completed for all vaccine requests. (4) Train all staff of the central level stores in Effective Vaccine Management.
- Vaccine distribution: (1) Put in place an emergency plan for the transport of vaccines. (2) Use freezewatch indicators during transport.
- Vaccine management: (1) Institute regular supportive supervision for the staff of the central cold stores. (2) Institute and formalize the use of the DVDMT for the consolidation and analysis of vaccination and vaccine management data. (3) Train staff in the use of the shake test and on monitoring wastage rates.
- Information systems and management functions: (1) Elaborate SOPs for the management of the central stores. (2) Make documentation on customs clearance requirements and the contractual arrangements with the transporter available. (3) Maintain an up to date cold chain and transport inventory and develop an equipment replacement plan.

The country will now be supported by WHO and other partners in planning for, and carrying out, these recommendations.

PAPUA NEW GUINEA CONDUCTS NATIONAL HEPATITIS B SEROSURVEY
30/11/2012 From Siddhartha Datta, WHO PNG and Karen Hennessey, WHO WPRO

It is estimated that chronic hepatitis B (HepB) prevalence in Papua New Guinea (PNG) is high -- ranging from 8% to 20%. To prevent perinatal and childhood transmission of the virus, PNG introduced vaccination with three doses of HepB vaccine in 1989 and birth dose vaccination in 2005. Over the last five years 3-dose coverage has averaged around 60% and birth dose coverage around 30%. The country is now conducting a national seroprevalence survey to measure the impact of vaccination and status towards reaching the Regional milestone of reducing infection rates in children to <2% by 2012. The survey will include children aged four to six years who will have been eligible to receive four doses of HepB vaccine. Fifteen survey teams were trained on 20-21 November 2012 and will conduct the survey in 15 provinces, 24 districts, and more than 200 villages. This survey will provide valuable data for guiding the country’s immunization efforts aimed at preventing both perinatal and childhood transmission of the virus.
Meetings/Workshops

THE 18TH MEETING OF THE REGIONAL COMMISSION FOR THE CERTIFICATION (RCC) OF POLIOMYELITIS ERADICATION IN THE WESTERN PACIFIC REGION
30/11/2012 from Sigrun Roesel, WHO WPRO

Location: Beijing, China  Dates: 26-30 November 2012
Participants: The RCC is composed of senior public health experts from Australia, China, Japan, Philippines, USA and Viet Nam. Participants attending the meeting include representatives from national certification committees of all countries, senior national and provincial health experts from China, immunization advisors and representatives from key partner organizations.
Purpose: The main objectives of the meeting are: to give an update on the global and regional status of poliomyelitis eradication and review the implications of the 2012 World Health Assembly (WHA) resolution of declaring the completion of poliomyelitis eradication as a programmatic emergency for global public health; to review progress reports from all countries and areas on maintaining their poliomyelitis-free status and recommend required action for achieving high quality surveillance and immunization performance; to assess the epidemiologic situation and control measures implemented by China to control the 2011 transmission of imported wild poliovirus, and decide upon China’s poliomyelitis-free status.

WORKSHOP TO SYSTEMATIZE HPV VACCINATION EXPERIENCES OF EARLY-ADOPTER COUNTRIES
30/11/2012 from Andrea Vicari, PAHO

Location: Santa Cruz, Bolivia  Dates: 30-31 October 2012
Participants: Nineteen participants representing six countries (Argentina, Bolivia, Brazil, Colombia, Honduras, and Panama), the International Planned Parenthood Federation, the World Health Organization (WHO) and PAHO.
Purpose: The workshop objectives were to share national and subnational experiences in the introduction and implementation of HPV vaccine; identify strengths and weaknesses of managerial, operational and logistical processes specific to immunization programmes; establish the integration level with cervical cancer prevention and adolescent health programmes and existing opportunities; and define lessons learned for other countries in the Region considering HPV vaccine introduction.

Details: Five countries in Latin America universally introduced the human papillomavirus (HPV) vaccine between 2008 and October 2012, and several subnational experiences also exist. A workshop to systematize the experiences of these early adopters was held on 30–31 October 2012 in Santa Cruz, Bolivia. This workshop was the first organized by the Pan American Health Organization (PAHO) exclusively on HPV vaccine introduction.

After standardized presentations from each country, participants contributed to three working groups that debated 1) vaccination strategies and tactics, 2) data collection and estimation of HPV vaccination coverage, and 3) the integration of HPV vaccination with cervical cancer prevention and control programmes and health programmes for young people (including communication with adolescents, parents and community).

Details from the country presentations and the conclusions of the working groups will be published shortly. Preliminary conclusions include that all countries practically use a combination of delivery strategies to reach adolescents; the transition toward nominal immunization registries (often in an electronic format) observed in several countries of the Region is beneficial for HPV vaccine coverage estimation; and that integration of HPV vaccination to other health programme activities is mainly limited to conjoint communication initiatives.
**AMP HOLDS THIRD ANNUAL AFRICHOL CONSORTIUM MEETING**
30/11/2012 from Sabrina Gaber and Martin Mengel, Agence de Médecine Préventive (AMP)

**Location:** Abidjan, Côte d’Ivoire  
**Dates:** 27-28 November 2012  
**Participants:** Representatives of the nine Africhol partner countries, focal points from ministries of health, and representatives of national and international organizations involved in the research or control of cholera in Africa: African Field Epidemiology Network (AFENET); Epidemiology & VACcinology (EPIVAC), an AMP-led capacity-building programme in vaccinology and health services management; Center for Vaccine Development in Mali; Organisation de Coordination pour la lutte contre les Endémies en Afrique Centrale (OCEAC); Southern African Centre for Infectious Disease Surveillance (SACIDS); University of Marseille; CDC; and the West African Health Organization (WAHO).

**Purpose:** to compare national data on cholera epidemics; to share their experiences and knowledge on the fight against cholera; to receive updates on Africhol project activities; and to develop additional collaborative activities.

**Details:** The Agence de Médecine Préventive (AMP) held its third annual Africhol consortium meeting in Abidjan, Côte d'Ivoire, from 27-28 November 2012.

Established in 2009 with funding from the Bill & Melinda Gates Foundation, Africhol aims to determine the burden of cholera in sub-Saharan Africa through the creation of a network of surveillance sites in Cameroon, Côte d’Ivoire, the Democratic Republic of the Congo (DRC), Guinea, Kenya, Mozambique, Tanzania, Togo, and Uganda. The consortium develops and implements the surveillance network.

This year’s meeting included four sessions: 1) cholera data from 2011-2012 (featuring pioneer use of oral cholera vaccine in Guinea Conakry during an epidemic); 2) Africhol in the context of global enteric disease initiatives; 3) round tables on cholera epidemiology and laboratory techniques; and 4) methods to improve cholera prevention and control such as mathematical modeling of enteric diseases.

The insights gained from the Africhol consortium meeting will enable country teams to make recommendations to their national governments on the most appropriate and effective cholera prevention and control measures.

**SEVENTH AFRICAN ROTAVIRUS SYMPOSIUM**
30/11/2012 from Jason M. Mwenda, WHO AFRO

**Location:** Cape Town  
**Dates:** 8 November 2012  
**Participants:** Nearly 100 regional and international disease surveillance experts, paediatricians, surgeons, radiologist, public health experts including Expanded Programme on Immunization (EPI) managers together with policymakers from across the region

**Details:** Rotaviruses are the most common cause of severe diarrhoea requiring hospitalization in < five children and it is estimated to cause approximately 453,000 deaths annually. Approximately 50% of these 453,000 deaths occur in developing countries especially in Africa, resulting in 232,000 deaths annually. The symposium was held as a pre-conference symposium and part of the first International African Vaccinology Conference, held from 9-11 November 2012, Cape Town, South Africa.

The theme of the symposium was “Improving diarrhoea management in African children”, and was held under the auspices of the African Rotavirus surveillance network.

Specific topics discussed included: Rotavirus burden of disease and epidemiology in Africa; Rotavirus vaccines and clinical trials in Africa; Decision-making process for rotavirus vaccine introduction and recent Strategic Advisory Group of Experts (SAGE) recommendations; Progress towards rotavirus vaccine introduction in Africa; Plans for impact of rotavirus vaccination programmes; Rotavirus surveillance and strain diversity in the region; and Intussusception studies in Africa to be conducted as part of ongoing rotavirus surveillance.

WHO was commended for the support to countries to introduce new life saving vaccines including rotavirus vaccines. Currently five countries have introduced the rotavirus vaccine nationwide in the national immunization programmes (Botswana, Ghana, Malawi, Rwanda and South Africa) and one country (Zambia) in one province, Lusaka and many more are planning to introduce within the next two years with financial support from GAVI Alliance. After detailed deliberations, participants called for the full implementation of strategies for the control of diarrheal diseases in Africa to reduce child mortality.
EXPERT CONSULTATION FOR THE DEVELOPMENT OF A REGIONAL FRAMEWORK FOR COVERAGE MONITORING AND IMPACT EVALUATION OF HPV VACCINATION

30/11/2012 from Andrea Vicari, PAHO

**Location:** Buenos Aires, Argentina  
**Dates:** 8-9 November 2012  
**Participants:** Eighteen experts from four Latin American countries (Argentina, Bolivia, Brazil and Colombia), the US Centers for Disease Control and Prevention (CDC), the Australian HPV vaccination programme and cancer registry, WHO and PAHO contributed to this consultation.  
**Purpose:** To examine the report of a 2009 World Health Organization (WHO) meeting on a similar subject; share existing country plans and experiences; identify national capacities and opportunities for the surveillance of HPV-related diseases and HPV diagnostics; and outline the necessary steps toward the completion of a Regional proposal.

---

**Details:** From 8-9 November 2012, the Pan American Health Organization (PAHO) convened an expert consultation for the development of a Regional framework for coverage monitoring and impact evaluation of HPV vaccination in Buenos Aires, Argentina. The consultation was hosted by the Malbran Institute, Argentina’s National Institute for Infectious Diseases, and responded to a request made by the Regional Technical Advisory Group (TAG) on Vaccine-preventable Diseases in July 2011.

In addition to presentations from experts, participants contributed to two working groups on monitoring and impact evaluation. Several countries in the Region are transitioning toward nominal immunization registries. These registries present great opportunities for HPV vaccination data collection and coverage evaluation as well as long-term impact evaluation. The consultation was also successful because the experts managed to identify endpoints for impact evaluation of HPV vaccination in the Region that represent clear opportunities in the short, medium and long-term.

During the first semester of 2013, the established group of experts intends to develop generic protocols for monitoring the identified endpoints as well as a concept note for the establishment of a Regional HPV laboratory network. The proposal for a Regional framework for coverage monitoring and impact evaluation of HPV vaccination will be presented to the TAG in July 2013.

---

THE HANDS-ON TRAINING WORKSHOP ON THE LABORATORY DIAGNOSIS OF MEASLES AND RUBELLA FOCUSING ON NEW REAL TIME PCR TECHNIQUES IN THE WESTERN PACIFIC REGION IN HONG KONG CHINA, 29 OCTOBER-03 NOVEMBER 2012

30/11/2012 from Youngmee Jee, WHO WPRO

**Location:** Hong Kong, China  
**Dates:** 29 October-3 November 2012  
**Participants:** Thirteen country participants from 12 laboratories in nine countries (Australia, China including Yunnan and Jilin provincial CDC labs, New Zealand, Malaysia, Mongolia, Korea, Philippines, Singapore and Vietnam) and temporary advisers from US CDC, NIID Japan, PHLC Hong Kong and China CDC participated in the training.  
**Purpose:** To introduce the new real time Polymerase Chain Reaction (PCR) techniques for measles and rubella detection and to further strengthen the genotyping capacity for both measles and rubella in the region.

---

**Details:** The procedures to deposit measles and rubella genotypes and sequence data to MeaNS (measles nucleotide sequence) and the WHO genotype database were discussed and practised. This training has provided an opportunity to introduce the standardized real time PCR techniques for measles and rubella detection and to further strengthen the genotyping capacity for both measles and rubella in the region.
MEETING OF THE POLIO LABORATORIES NETWORK
30/11/2012 from Gloria Rey, PAHO

Location: Buenos Aires, Argentina  Dates: 10-12 September 2012
Participants: Representatives of nine out of the 11 polio laboratories in the Region, as well as the United States Centers for Disease Control and Prevention (CDC), World Health Organization (WHO) and PAHO’s Immunization Programme participated in the meeting.

Purpose: The main objectives of the meeting were to: review the status of the Polio Laboratory Network of the Americas; review and discuss recent advances in virological and molecular methodologies used in the Global Polio Laboratory Network (GPLN); and discuss issues relevant to the functioning of the Pan American Health Organization (PAHO) Laboratory Network and the management of laboratories.

Details: From 10-12 September 2012, a Meeting of the Polio Laboratory Network for the Region of the Americas was held at the Malbran Institute in Buenos Aires, Argentina.

After three days of discussions, the agreements from the meeting were the following: meet performance standards as defined by the WHO Global Polio Laboratory Network; resume on-site visits from PAHO’s regional laboratory coordinator in order to allow comprehensive assessments of the current capabilities and needs of the laboratories; comply with the new algorithm targets; ensure that all poliovirus isolates are appropriately screened for the presence of vaccine-derived polioviruses (VDPVs); and report any wild polio virus (WPV) or VDPV detected after sequencing to the national authorities and WHO/PAHO Regional Laboratory Coordinator (RLC) within 24 hours.

Other recommendations included encouraging the laboratories of the Region to work with surveillance personnel and relevant authorities to implement environmental surveillance to supplement surveillance of acute flaccid paralysis (AFP), where and when needed; meeting at least once a month by laboratory and epidemiological staff to reconcile data, identify data omissions and verify accuracy of laboratory results included in PAHO’s Polio Weekly Bulletin; and monitoring the performance of laboratory indicators and providing timely feedback to each laboratory, among others.

Future Meetings

THE 2013 TECHNET CONSULTATION DAKAR, SENEGAL FROM 5-7 FEBRUARY 2013

The Department of Immunization, Vaccines and Biologicals (IVB) is organizing the 2013 TechNet Consultation which will be held in Dakar, Senegal from 5-7 February 2013. TechNet is a unique forum where experts in the field of immunization technology, cold chain, injection safety, and health logistics share their experience, coordinate activities and discuss major global policy issues.

Draft agenda can be found at this link.

If you are planning to attend please register soon. For further queries.

EXPAND THE NETWORK

Invite a friend, colleague, organization or network to subscribe to the GIN. Invite them to subscribe by asking them to send an email to listserv@who.int with the following exact text in the body of the email: "subscribe GLOBALIMMUNIZATIONNEWS"
New Resources

ASSESSING THE PROGRAMMATIC SUITABILITY OF VACCINE CANDIDATES FOR WHO PREQUALIFICATION (WHO/IVB/12.10)

This document is now available online. As part of the WHO vaccine pre-qualification (PQ) process, product summary files (PSFs) are assessed by the WHO PQ Secretariat to determine the suitability of the vaccine for the immunization services where it is intended to be used (p.6, WHO/IVB/05.19). This document aims:

- To clearly describe the screening process and its set of rules by which all prospective vaccine prequalifications will be judged in terms of their programmatic suitability for developing country public sector immunization programmes. Also, it describes the consequences on the screening and PQ processes of not complying with these characteristics.
- To indicate very clear preferences for future vaccines that will result in greater compliance with developing country needs and that will facilitate universal immunization without requiring massive and unrealistic investment in additional cold chain capacity, human resources, waste disposal facilities, etc.

IMMUNIZATION FOR ALL: NO CHILD LEFT BEHIND
30/12/2012 from Kirsten Mathieson, Save the Children

Global progress has been made in immunization with coverage increasing from 74% in 2000 to 83% currently. (i) However, this masks inequalities across and within countries. One in five children – those from the poorest families, the most remote areas and marginalized groups – are still denied their right to immunization and other essential health services. (ii)

Equitable progress is needed towards universal access to the full benefits of immunization integrated with other essential health services. This publication is our second report exploring the importance of improving equity in immunization. Our first report, Finding the Final Fifth: Inequalities in Immunization, mapped where the 20% of children who are unimmunized are and what evidence we have for why they are not being reached. Immunization for all: No child left behind goes further and highlights the importance of strengthening routine immunization at national level, exploring potential strategies to reach the unreached, as well as the opportunity of immunization to reach communities with other essential health services. It also considers global factors that can help ensure an enabling environment for countries to achieve and sustain equitable immunization. The report concludes with a set of recommendations for various stakeholders.

Immunization for all: No child left behind will be launched at the GAVI Partners Forum in Dar es Salaam, Tanzania at the beginning of December. Download the report at: http://bitly.com/QtllQO. For hard copies, please contact Kirsten Mathieson.

(ii) This refers to the 22 million children worldwide aged 12–23 months who have not received three doses of the diphtheria-tetanus-pertussis (DTP) vaccine. Source: WHO, 2012. Global and regional immunization profile. Geneva: WHO. Available at this link.

REPORT OF THE HPV VACCINE DELIVERY MEETING: IDENTIFYING NEEDS FOR IMPLEMENTATION & RESEARCH. GENEVA, 17-19 APRIL 2012. (WHO/IVB/12.09F)

RAPPORT DE LA RÉUNION SUR L’ADMINISTRATION DU VACCIN CONTRE LE VPH - DÉTERMINATION DES BESOINS RELATIFS À LA MISE EN ŒUVRE ET À LA RECHERCHE. GENÈVE, 17-19 AVRIL 2012 (WHO/IVB/12.09F)

This document is now available in English and French. Global experience with HPV vaccine delivery and health service delivery to nine-13 year old girls has been limited, particularly in resource-poor settings. This meeting brought together immunization, adolescent health, cancer, and education programme specialists from a range of international agencies, Non-Governmental organizations (NGOs=, and academic institutions to review the current state of knowledge on delivering HPV vaccine, health services, and school health services to nine-13 year old girls. As a result of this review and from plenary and workshop discussions, short, medium, and long-term priorities for action related to HPV vaccine delivery were identified.
## Regional Meetings and Key Events Related to Immunization

<table>
<thead>
<tr>
<th>Dates</th>
<th>Title of Meeting</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2012 Meetings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DECEMBER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03-07</td>
<td>Meeting to Review Rapid Surveillance Assessment Protocols</td>
<td>Chile</td>
</tr>
<tr>
<td>04-06</td>
<td>Pre-GACVS and Global Advisory Committee on Vaccine Safety (GACVS) meetings</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>05-07</td>
<td>GAVI Partners' Forum</td>
<td>Dar-es-Salaam, Tanzania</td>
</tr>
<tr>
<td>10-13</td>
<td>Annual Regional Conference on Immunization (ARCI) and the Annual African Regional Inter-Agency Coordination Committee</td>
<td>Dar-es-Salaam, Tanzania</td>
</tr>
<tr>
<td>11-14</td>
<td>Regional consultations on new vaccine introduction and the polio end game</td>
<td>Bangkok, Thailand</td>
</tr>
<tr>
<td>16-20</td>
<td>Surveillance and Monitoring Workshop</td>
<td>Cairo, Egypt</td>
</tr>
<tr>
<td><strong>2013 Meetings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FEBRUARY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05-11</td>
<td>TechNet21 meeting</td>
<td>Dakar, Senegal</td>
</tr>
<tr>
<td><strong>MARCH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-02</td>
<td>8th International Conference on Typhoid and Other Invasive Salmonelloses</td>
<td>Dhaka, Bangladesh</td>
</tr>
<tr>
<td>20-21</td>
<td>V3P Consultation Meeting</td>
<td>Geneva, Switzerland</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
- Dengue Vaccine Initiative
- SABIN Sustainable Immunization Financing
- SIVAC Program Website
- UNICEF Supply Division Website
- Hib Initiative Website
- Japanese Encephalitis Resources
- Malaria Vaccine Initiative
- Measles Initiative
- Meningitis Vaccine Project
- Multinational Influenza Seasonal Mortality Study (MISMS)
- RotaADIP
- RHO Cervical Cancer (HPV Vaccine)
- WHO/ICO Information Center on HPV and Cervical Cancer
- SIGN Updates
- Technet
- Vaccine Information Management System

## Regional Websites

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

## 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