NEW DATABASE FOR WHO PREQUALIFIED VACCINES NOW ONLINE:
3/09/2010 from Alison Brunier, WHO/HQ:

A new database to enable immunization programme managers, procurement agencies, regulatory authorities, and other partners to search for vaccines prequalified by WHO by type of vaccine, manufacturer and country of manufacture is now available on WHO’s web site. Users can consult summary pages for each prequalified vaccine which include information such as date of prequalification, vaccine presentation, route of administration, shelf life, packaging, and cold chain requirements. For further information and access to the database click here.

REGIONAL COMMITTEES FOCUS ON POLIO:
21/09/2010 from Lauren O’Connor, WHO/HQ Polio Intern, La Trobe University:

Polio eradication has featured heavily in recent World Health Organization Global Regional Committee meetings as Ministers of Health discussed concrete ways of tackling the remaining pockets of the disease as rapidly as possible. Meeting in Malabo last month, the Regional Committee for Africa adopted a landmark resolution on immunization and polio eradication, pledging to build on the recent gains in the region (such as the 99% reduction in polio cases in Nigeria this year and operational improvements in Chad) through greater financial contributions by governments and the establishment of an Annual African Immunization Week. However, key to success in the continent depends on tackling ongoing transmission in Angola and Democratic Republic of the Congo (where upwards of 25% of children are missed in known high-risk areas) through fostering increased sub-national political ownership to rapidly improve Supplementary Immunization Activity operations. The African Regional Committee Meeting set the tone for the meetings that followed, with the Regional Committee for South-East Asia, for example, discussing the sharp downturn of polio cases in India in 2010, particularly the significant progress achieved in the two remaining endemic states of Uttar Pradesh and Bihar. However, it acknowledged that reaching mobile populations in India continued to be a challenge that threatened the vision of a polio-free South-East Asia. The Regional Committee for Europe, meanwhile, focused its attentions on the type-1 wild poliovirus outbreak in Tajikistan, which has spread to infect Turkmenistan and Russia - including the Caucasus regions of Chechnya and Dagestan - and continues to pose a risk to neighbouring countries. In Africa, Ministers of Health noted the need for long-term domestic financing to consolidate the extraordinary progress and called for continued support from the international community. The Global Polio Eradication Initiative recently revised its funding gap to $810 million against a $2.6 billion budget for the 2010-2012 period.
REACHING EVERY DISTRICT MICROPLANNING GUIDE LAUNCH:
30/09/2010 from Jhilmil Bahl, WHO/HQ:

The 'Reaching Every District' (RED) approach has been crucial in improving routine immunization coverage, and now the strategy will be made more easily available through the release of the RED microplanning guide. Officially titled *Microplanning for immunization service delivery using the Reaching Every District (RED) strategy*, the guide outlines a set of easy-to-follow steps for healthcare workers. Produced by WHO and UNICEF, the RED microplanning guide enables those at the health facility and district level to make microplans to improve immunization services. The guide does not necessarily have to be used in its entirety - it can instead be thought of as a set of tools to improve the delivery of health services. Similarly, it is not only useful in the provision of vaccinations, but the strategy has been successfully used to improve health services more broadly. Importantly, the RED guide also allows for healthcare providers to find local solutions to local problems.

Country evaluations in 2005 and 2007 found that the application of the RED approach resulted in significantly more children being immunized. Given the success of the RED strategy, the creators of the RED microplanning guide would ideally like all health workers dealing with immunization to have access to this essential set of tools. Copies will be distributed to regional offices and will be available at major regional and global meetings. Additional copies, however, can also be ordered from epitraining@who.int.

Download the document here.

NEW SAGE CHAIR TAKES OFFICE:
3/09/2010 from Alison Brunier, WHO/HQ:

Professor Helen Rees, internationally-recognized expert in vaccination took over on 1 September as the Chair of WHO’s leading advisory group on immunization, the Strategic Advisory Group of Experts, or SAGE. Professor Rees is the founder and Executive Director of the Wits Institute for Sexual and Reproductive Health, HIV and Related Diseases of the University of the Witwatersrand in South Africa, where she is also an Ad Hominem Professor in the Department of Obstetrics and Gynaecology. She is co-chair of South Africa’s National AIDS Council’s Programme Implementing Committee and a member of the National Advisory Group on Immunizations. Professor Rees has a research interest in areas including HIV/AIDS prevention, HIV and human papillomavirus vaccines, and broader issues relating to women’s health.

The change in Chair is in line with established procedures for SAGE, whereby all members, including the Chair, serve for a maximum of two three-year terms. The Chair’s responsibilities include strengthening and building the credibility of the group, ensuring that any potential conflict of interest reported by members is appropriately dealt with, assisting the Secretariat with preparation of meeting agendas, and ensuring the decisions are evidence-based, reflect the views of the committee, and are not unduly influenced by interested parties.

Professor Rees takes over from Professor David Salisbury, who has served as Chair since 2005, and has now reached the end of his term. "Professor Salisbury’s vast experience and knowledge of the vaccine and immunization field has enabled him to steer SAGE discussions through many complex issues," said Dr Jean-Marie Okwo-Bele, Director of WHO’s Immunization, Vaccines and Biologicals Department. "Recommendations made on the introduction of rotavirus and HPV vaccines, and strategic guidance on moving towards polio and measles eradication have provided clarity and direction for all those working to save lives through vaccination. We are of course delighted to welcome Professor Rees as the new SAGE Chair. Her extensive experience working on global immunization issues will be a huge asset in this new role."

Next meeting: SAGE faces a challenging workload in the months ahead to prepare for its next meeting, scheduled for 9-11 November 2010 in Geneva. Issues for discussion include a programme of work towards establishing a measles eradication goal, financing of immunization in lower-middle-income countries, and recommendations for typhoid vaccination.

Biographies of current SAGE members
More information on SAGE
Global Immunization News

Technical Information

COLD CHAIN AND LOGISTICS TASKFORCE UPDATE:
3/09/2010 from Kate Bai, UNICEF:

The future sub-group of the CCL Taskforce is looking to landscape the work that is currently ongoing by various partners and stakeholders in the field of logistics, to develop a common vision: **By 2025, state-of-the-art supply systems meet the changing needs of a changing world in order to enable the right vaccines to be in the right place, at the right time, in the right quantities, in the right condition, at the right cost.** The vision seeks to lay out the critical factors necessary for strong logistics systems including their design and management. Using the vision as a way to unite and align the work of all partners who are striving to improve the impact of immunization, we can ensure we have the greatest possible impact on improving the health of the world’s children.

**A first step** in this work is building a landscape analysis of the work currently being done by all partners in this field. We would like to ensure that lessons and successes of all partners’ work contribute to the evidence base used for developing the vision. We will compile all the information received, and share it among key partners and stakeholders - highlighting priority areas for future work, funding and resource mobilization. If you are aware of or a part of any projects relevant to the above vision for future logistics, or even a project with a logistics component, we would very much appreciate your completing the survey. Please click on the links below to fill out your responses to our questions. The survey will take at most 10 minutes of your time!

**What is your project doing to improve logistics?**

CCL Guidance Workshop, confirmed for 19-21 October 2010 in New York:
A reminder that the CCL Guidance Workshop in New York has been confirmed. We encourage the EPI community to provide inputs and expressions of interest to participate. **NOTE:** there may be a half-day EVM orientation for participants on 22 October, after the workshop.

WHO RECOMMENDATIONS FOR ROUTINE IMMUNIZATION - SUMMARY TABLES:
3/09/2010 from Tracey Goodman, WHO/HQ:

The "Summary Tables of WHO Routine Immunization Recommendations" have been updated in light of the August 2010 Rabies vaccination position paper.
The summary tables can be found on the WHO website:
Note: "A short User's Guide" has been developed as a companion piece to facilitate the use of the WHO summary tables. [A User's Guide to the Summary Tables](http://www.who.int/immunization/policy/immunization_tables/en/index.html) [pdf 998kb]

NICHOLAS COHEN, 1938-2010: We regret to inform you of the death of Nicholas Cohen in England on 15 September 2010. He was 72 years old. Those of you who have been involved with EPI for awhile will remember that Nicholas worked with EPI as a consultant from 1988-1995 to establish Vitamin A supplementation in the EPI context, in collaboration with UNICEF, and with WHO’s Department of Nutrition and the Initiative on the Integrated Management of Childhood Illness. Those with even longer memories will remember him in Ethiopia during smallpox eradication. Nicholas also worked for many years for Helen Keller International in Bangladesh, a country that was always special for him. He was passionate about blindness prevention and about using EPI contacts to deliver needed interventions. Despite battling Parkinson’s Disease for the past 15 years, Nicholas never lost his sense of wonder and curiosity about the world. We will miss him.

New Publications

**The Global Action Plan (GAP) to increase supply of pandemic influenza vaccines - Report of the fourth meeting of the WHO GAP advisory group, 6 May 2010, Nha Trang, Viet Nam** (WHO/IVB/10.08)

This IVB document is now online. This report looks at the progression of the GAP since May 2006 and prepares recommendations for 2010 activities. It will serve as background for briefing the DG, to whom the GAP AG reports.
Country Information by Region

AFRICAN REGION

9TH INTERNATIONAL ROTAVIRUS SYMPOSIUM; 2-3 AUGUST 2010, JOHANNESBURG, SOUTH AFRICA
30/09/2010 from Jason Mwenda, WHO/AFRO:

The 9th International Rotavirus Symposium brought together over 385 scientists, clinicians, public health professionals and immunization officers from over 65 countries. 26 African countries including 14 countries that are conducting surveillance for rotavirus and five countries that conducted rotavirus clinical trials participated and presented their data high rotavirus hospitalizations and results of safety and efficacy of rotavirus vaccines in the African Region.

6TH AFRICAN ROTAVIRUS SYMPOSIUM; 4 AUGUST 2010, NATIONAL INSTITUTE OF COMMUNICABLE DISEASES, JOHANNESBURG, SOUTH AFRICA
30/09/2010 from Jason Mwenda, WHO/AFRO:

The programme was designed to provide an update on disease burden data to inform public health decision making on the burden of rotavirus gastroenteritis in Africa. 26 African countries participated in this symposium.

AMERICAS
30/09/2010 from Beatrice Carpano and Carolina Danovaro, WHO/PAHO:

WORKSHOP FOR THE EVALUATION AND DOCUMENTATION OF THE EPIDEMIOLOGICAL AND ECONOMIC IMPACT OF H1N1 VACCINATION:

To promote evidence-based decision-making regarding vaccines in Latin America and the Caribbean, PAHO hosted an inter-institutional workshop from 14-15 September 2010 to evaluate and document the epidemiological and economic impact of vaccinating against H1N1 in five countries. The workshop counted on professionals from Argentina, Brazil, Chile, Colombia, and Mexico, including EPI managers, individuals responsible for national surveillance systems, and health economists. Prior to the workshop, a team of health economists at the U.S. Centers for Disease Control and Prevention (CDC) had developed a tool (Decision 2009) to model the potential epidemiological impact of H1N1 vaccination in the United States. Adapting the impact analysis tool to the needs of PAHO member countries, the team of CDC and PAHO specialists led a discussion on the use of the Decision 2009 Model using national data. Additionally, PAHO’s team developed a simple costing tool for countries to measure the economic impact of H1N1 vaccination. After an introduction to the tools, participating country teams had the opportunity to begin working with them. Over the next two months, these five countries will be completing the analysis with technical support from CDC and PAHO. The advances of the exercise will be shared with other countries of the Region at the South American Sub-Regional meeting on vaccine-preventable diseases in Paraguay in October 2010.

INTERNATIONAL EPI EVALUATION, BOLIVIA:

An international EPI evaluation was conducted in Bolivia from 22 August to 3 September 2010. The evaluation’s objective was to determine the EPI’s capacity to respond to the challenges of maintaining the achievements, eliminating and controlling vaccine-preventable diseases, introducing new vaccines sustainably, and adapting to the creation of a unified health system and a decentralization process. The EPI evaluation included elements of the Post-Introduction Evaluation (PIE) methodology to evaluate the introduction of the rotavirus vaccine in 2008, as well as an adaptation of the [immunization] Data Quality Self-assessment (DQS). Twenty-two municipalities in five of the country’s nine Departments were visited by a team of 11 international professionals and 22 Bolivians. The evaluation group concluded that the performance of Bolivia’s EPI is satisfactory, its data of good quality, and that it has obtained essential achievements, such as polio eradication and interruption of indigenous measles and rubella transmission, yellow fever control, and new vaccine introduction. The programme benefits from strong political support and a Vaccine Law (2005) that recognizes the right to vaccination and the obligation of the State to guarantee its fulfillment. The results of interviews with health workers and users show that the EPI has high acceptance both at institutional and community levels. Specific problems and recommendations were included in the evaluation report and activities to implement the recommendations were incorporated in a five-year comprehensive plan of action.
Country Information by Region

AMERICAS
30/09/2010 from Beatrice Carpano and Carolina Danovaro, WHO/PAHO:

ADVANCED COURSE ON STRENGTHENING MONITORING AND CAUSALITY ASSESSMENT OF ESAVIs:

An advanced course on strengthening monitoring and causality assessment of events allegedly attributable to immunization or vaccination (ESAVIs) took place in Castries, St. Lucia from 13 to 17 September 2010. EPI managers from 19 English-speaking Caribbean countries and staff from the National Regulatory Authority (NRA) from Jamaica and Suriname took part in the advance course, whose purpose was to enhance the safety of immunization programs through knowledge, skills, and capacity development in ESAVI monitoring, investigation, causality assessment, and corrective action.

The workshop was facilitated by two renowned international experts from WHO and senior advisors on safety issues from PAHO. In addition, a group of bilingual facilitators (English-Spanish) from the Region of the Americas was convened in St. Lucia, with the purpose of receiving training in the updated causality assessment workshop. The facilitators group will in turn co-facilitate Spanish, in-country causality assessment courses upon country request during 2011.

WORKSHOP TO PLAN A COMPARATIVE TREND STUDY OF HOSPITALIZATIONS & DEATHS FROM DIARRHEAL DISEASES IN CHILDREN AGED <5 BEFORE & AFTER THE ROTAVIRUS VACCINE INTRODUCTION IN 5 LATIN AMERICAN COUNTRIES:

The purpose of the two-day meeting was to develop a methodology and work plan for a comparative study of diarrheal diseases trends in children aged <5 years in Latin American countries before and after rotavirus vaccine introduction in order to support these countries in documenting the potential impact of rotavirus vaccine in economic and epidemiological terms. A team of epidemiologists and economists met to implement the study using the same methodology in five participating countries (Bolivia, Colombia, El Salvador, Honduras and Venezuela). The experts agreed on having national hospitalization and mortality data from national health registries collected and analyzed using an interrupted time series design. Two additional countries without rotavirus national vaccination programme will be used as concomitant controls in regards to mortality data. A financial component of the hospitalizations will be incorporated to estimate the costs of diarrhea hospitalizations potentially prevented by vaccination.

EASTERN MEDITERRANEAN REGION

PROGRESS IN THE EPI ACCELERATION ACTIVITIES IN SOUTHERN SUDAN
30/09/2010 from Boubker Naouri, WHO EMRO and Yahya Mostafa, WHO Southern Sudan

Training on the EPI micro planning and vaccine management at the peripheral levels (county and state) started in August in Southern Sudan in order to prepare for the EPI accelerated Activities. Workshops were conducted in three states (Lakes, Central Equatoria and Western Bahr Ghazal) and are planned to be implemented in the remaining seven states throughout the coming three months. The training is conducted by WHO in collaboration with UNICEF, USAID and MOH. In addition, the first round of EPI Acceleration activities was launched in eight states and the activities will start soon in the remaining two states (Lakes and Warap). The activity will be carried out for one week after intense social mobilization through both fixed sites and outreach strategies. Another two rounds will be implemented in October and November. All the counties are included. During these acceleration activities, four states (Lakes (all counties), Warap (three counties), Eastern Equatoria (three counties and western Equatoria (one county) will include measles vaccine and other child survival activities (e.g., bed nets distribution).

These campaigns were launched to help raising DPT3 vaccination coverage from 43% in 2009 to above 70% by the end of 2010.
Country Information by Region

SOUTH EAST ASIA REGION

STRATEGIES AND PLANS FOR ACCELERATED MEASLES CONTROL IN INDIA: 2010-2012
30/09/2010 from Dr Anindya Bose, WHO/SEARO

The Government of India has decided to introduce a second dose of measles vaccine in its National Immunization Programme from 2010. This will be step towards achieving Millennium Development Goal (MDG) number 4 by reducing under-five child mortality. The second dose will be given through the routine immunization (RI) programme to 16-24 month old children in 21 states (first dose measles containing vaccine (MCV1) coverage >80%) and through a measles catch-up campaign in the remaining 14 states (MCV1 coverage <80%) (Fig 1). The annual target population for MCV2 through routine immunization services is 9.8 million children for the 21 states. Between 2010 and 2012, catch-up campaigns will target 134 million children between nine months and ten years of age. The first phase of the campaign will cover 47 districts in the 14 states during the fourth quarter of 2010. The second and third phases, will cover rest of these states in 2011-2012,

High level committees established at the central and state levels will provide direction and general oversight to the campaigns. District Task Forces (DTF) will be established in every district to oversee quality of implementation. Average campaign duration will be for three weeks: a school based approach in the first week followed by outreach sessions in the community in the subsequent two weeks. All sessions will be held at fixed posts to ensure safe injection practices. Strong social mobilization and interpersonal communication strategies will help mobilize children to the fixed posts. Regular routine immunization sessions will continue uninterrupted in the pre-designated days of the week.

Supervisors and independent monitors will assess ongoing quality of the campaign through rapid convenience assessment and take mid-course corrective actions if necessary. More than 300 state and district level trainers have been trained to train all vaccinators and support staff. The districts are in the process of developing accurate micro-plans.

The successful implementation of this major public health intervention by the Government of India will significantly reduce measles mortality burden in India and the South-East Asia Region. Development partners are providing technical support to Government of India in all aspects of the catch-up campaigns.

RESEARCH AND DEVELOPMENT OF AN INTEGRATED SUPPORTIVE SUPERVISION STRATEGY AND CHECKLIST IN MYANMAR IN SUPPORT OF HEALTH SYSTEM STRENGTHENING
30/09/2010 from Diana Chang-Blanc, UNICEF

In Myanmar in September 2010, a series of workshops and consultations were undertaken in support of improved immunization programme management and health system strengthening. Interviews were conducted with central level programme managers, and workshops were undertaken with sub national participants from all States and Regions of the country. As a result, a draft integrated supportive supervision strategy and checklist was developed for field testing in the final quarter of 2010, and for pilot testing in 2011. The strategy and checklist received inputs from health planners, reproductive and child health specialists, and immunization and communicable disease control programme managers from the central Ministry of Health. Although the strategy is mainly intended for management support for health system strengthening initiatives including “reaching every community strategy” (a more integrated form of “reaching every district”), it is expected that the strategy and checklist may have applications in other parts of the country. The strategy and checklist is now being technically reviewed and adapted by the central Ministry of Health prior to field test.
Country Information by Region

WESTERN PACIFIC REGION

MEASLES VACCINATION CAMPAIGN TO BENEFIT NEARLY 100 MILLION CHINESE CHILDREN
From UNICEF-WHO Joint Press Release 1 September 2010

Nearly 100 million children across China were vaccinated against measles from 11 to 20 September 2010 in one of the world’s biggest such public health undertakings to date. The nationwide campaign will protect millions of children against the disease and bring China closer to reaching the measles elimination goal by 2012 in line with the target set by the World Health Organization’s Western Pacific region.

"China is a priority country in the global fight against measles and we commend the government for its leadership in this life-saving work,” said Dr Michael O’Leary, the World Health Organization (WHO) Representative in China.

In 2009, more than 52,000 people in China were reported to have contracted measles, accounting for about 86% of the measles cases in WHO’s Western Pacific region.

Globally, an estimated 164,000 people died from measles in 2008 – mostly children under the age of five. The most effective way to prevent the disease is through vaccination.

Currently, China offers two doses of measles containing vaccine as part of its routine immunization programme. In addition, 27 provinces have implemented measles campaigns since 2004. Extensive experience from other countries shows that well-conducted campaigns can ensure that every child, especially those not reached through the routine immunization programme, receives measles vaccine.

"However", said Dr. O’Leary, "Some people living in remote areas and large urban cities, as well as the large migrant population, may have less access to vaccines and healthcare than other segments of the population, and thus not be protected against measles. In addition, a small percentage of children who have previously been vaccinated against measles may not have developed immunity to the disease."

"This campaign is important for every family in China: in remote villages, in urban areas and in migrant communities," said Dr Yin Yin Nwe, UNICEF Representative for China. “We encourage all parents to take their children to the closest vaccination clinic during the campaign period. This huge nation-wide effort will produce significant benefits for child survival.”

Vaccinating every child, even those that have been vaccinated in the past is essential in stopping the virus with a wall of immunity in the population. Using this strategy, which was developed by WHO, has enabled countries in Central and South America to eliminate measles.

For more information, please contact: Vivian Tan WHO China or Dale Rutstein, UNICEF China.

RELEASE OF HEALTH ACCESS STUDY FROM CAMBODIA ON UNICEF WEBSITE
30/09/2010 from Diana Chang-Blanc, UNICEF

The health research study “Health Service Access for Poor Communities in Phnom Penh” is now published online. The study in Cambodia, which is a collaboration among the National Immunization Programme, UNICEF and the Centre for Advanced Studies, documents the barriers to health and health service access (including immunization) among members of four very poor communities in Phnom Penh. The study documents the perceptions of health providers and community members on barriers to access, perceptions of quality of care, and recommendations for improvements to public health and health service access. Although the study documents good access for preventive services including immunization through the public sector, many of the communities express concern regarding the affordability and accessibility of curative care and other social sector services. Even more importantly, communities express their primary concern regarding the high levels of social and environmental health risk associated with the realities of their daily living conditions. Strategies are proposed for developing more collaborative efforts between communities, health officials, local authorities and NGOs in order to respond to the acute health and social needs of the residents. The study is available at the following address: http://www.unicef.org/eapro/Health_Service_Access_Among_Poor_Communities_Phnom_Penh_(Low.pdf
Country Information by Region

WESTERN PACIFIC REGION

MATERNAL AND NEONATAL TETANUS ELIMINATION UPDATE IN THE PHILIPPINES
25/09/2010 from Diana Chang-Blanc, UNICEF

The national Department of Health in the Philippines, supported by UNICEF and WHO, organized a workshop in September in Davao City to meet health workers from the remaining nine districts at highest risk for maternal and neonatal tetanus (MNT). The goal was to outline detailed microplans for supplementary immunization campaigns for tetanus toxoid, planned in 2011-2012. The nine highest risk districts (seven in Mindanao, two in Luzon) have common challenges in control of NT cases. Key factors are low routine TT coverage, poor cord care practices and low skilled birth attendance rates. Underlying these are macro challenges such as protracted armed conflicts and emergencies, fragile governance and weak health service delivery systems. The campaign aims to vaccinate about 1 million women 15-40 years and the three rounds are planned for June and July 2011, and February 2012. To fully optimize the investments while providing direct service delivery to women through a door-to-door strategy, the consensus was to deliver other services during the campaign including: Iron Folate supplementation for all pregnant women for the three rounds and OPV drops for children under 5 years for the first two rounds and Measles Vaccination for children 9-95 months during the 3rd round. Other key agreements reached at the workshop include conducting high level political and grassroots advocacy to mobilise support from key local officials, religious and civic groups, and key government partners. Furthermore, to develop situation-specific communication programmes to reach women and men in the communities, the final decision-makers. Pre implementation activities will start from October 2010, managed directly by Provincial/city and municipal health workers with oversight from national, regional health and multisectoral working groups.

VACCINE STOCK MANAGEMENT TRAINING IN LAO PDR
30/09/2010 from Keith Feldon, WHO country Office, Laos

WHO supported Vaccine Supplies Stock Management (VSSM) training for the Lao PDR EPI in August 2010. This training was critical because the country has experienced some stock-outs of vaccine both at national level and within provinces and districts. Additionally, Vietnam NIP staff was also trained using the VSSM program together with Lao participants. Staff from both the national and province levels was trained during the two-week course. The central NIP of Lao PDR is now employing the new VSSM programme to maintain their national vaccine stocks. In October, an Effective Vaccine Management (EVM) training and assessment will be conducted in Lao PDR using the new EVM tool. There will also be participants in the training from Cambodia, China, Mongolia and the Philippines. WHO is providing both technical and financial support for this training and assessment.
### Regional Meetings & Key Events Related to Immunization

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<td>Measles/Rubella control and Elimination Meeting</td>
<td>28-Nov</td>
<td>01-Dec</td>
<td>Alexandria, Egypt</td>
<td>EMRO</td>
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<tr>
<td>Technet Meeting</td>
<td>30-Nov</td>
<td>02-Dec</td>
<td>Kuala Lumpur, Malaysia</td>
<td>EMRO</td>
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<tr>
<td>Regional workshop on Surveillance, Monitoring &amp; Evaluation (8 Countries)</td>
<td>01-Dec</td>
<td>03-Dec</td>
<td>Damascus, Syria</td>
<td>EMRO</td>
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<tr>
<td>Intercountry Training Workshop on Surveillance, Monitoring and Evaluation</td>
<td>02-Dec</td>
<td>06-Dec</td>
<td>Alexandria, Egypt</td>
<td>EMRO</td>
</tr>
<tr>
<td>Annual Regional Conference on Immunization (ARCI) and the Annual African Regional Inter-Agency Coordination Committee</td>
<td>06-Dec</td>
<td>09-Dec</td>
<td>Ouagadougou, Burkina Faso</td>
<td>AFRO</td>
</tr>
<tr>
<td>Global Advisory Committee on Vaccine Safety (GACVS)</td>
<td>08-Dec</td>
<td>09-Dec</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
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<tr>
<td><strong>2011 Meetings</strong></td>
<td></td>
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<tr>
<td>Global Immunization Meeting</td>
<td>15-Feb</td>
<td>17-Feb</td>
<td>New York, USA</td>
<td>Global</td>
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<tr>
<td>Subregional Working Group for West and Central Africa</td>
<td>Feb</td>
<td>Feb</td>
<td>Sao Tome and Principe</td>
<td>AFRO</td>
</tr>
</tbody>
</table>
Links Relevant to Immunization

Global Websites

- Department of Immunization, Vaccines & Biologicals, World Health Organization
- WHO New Vaccines
- Immunization Financing
- Immunization Monitoring
- Agence de Médecine Préventive
- EPIVAC
- GAVI Alliance Website
- IMMUNIZATION basics (JSI)
- International Vaccine Institute
- PATH Vaccine Resource Library
- Pediatric Dengue Vaccine Initiative
- SABIN Sustainable Immunization Financing
- SIVAC Program Website
- UNICEF Supply Division Website
- Hib Initiative Website
- Japanese Encephalitis Resources
- Malaria Vaccine Initiative
- Measles Initiative
- Meningitis Vaccine Project
- Multinational Influenza Seasonal Mortality Study (MISMS)
- RotaADIP
- RHO Cervical Cancer (HPV Vaccine)
- WHO/ICO Information Center on HPV and Cervical Cancer
- SIGN Updates
- Technet
- Vaccine Information Management System
- PneumoAction
- International Vaccine Access Center

Regional Websites

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

Newsletters

- PAHO/Comprehensive Family Immunization Program-FCH: Immunization Newsletter

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