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News

Dr Nehemie Mbakuliyemo
Michel Zaffran, WHO HQ

It is with profound sadness that we are sharing the news of the passing away, on 30 July 2014, of our colleague Nehemie Mbakuliyemo.

Nehemie was working in the Inter-Country Support Team (IST) in Ouagadougou, Burkina Faso as the Immunization Focal Point for the western block of the Regional office for Africa.

Back in 1992, Nehemie started collaborating with the WHO country office in Kigali, Rwanda, his home country. He was then recruited as a WHO staff and took a position in Lagos and then Abuja in Nigeria. He went on to work in Harare, Zimbabwe and Addis Ababa, Ethiopia before joining the IST in Ouagadougou.

Nehemie had turned 60 in April this year. We address our sympathy and most sincere condolences to his spouse Claire and to his three children Valentin Uwayo, Sandrine Mutoni and Sabrina Umuhire.
**Immunization coverage reaches 84%, still short of 90% goal**  
Hayatee Hasan, WHO HQ

More than 111 million infants received vaccines in 2013 to protect them from deadly diseases. These infants account for about 84% of the world’s children, but an estimated 21.8 million infants remained unvaccinated, according to new estimates from WHO and UNICEF.

The estimates tell a success story for the Expanded Programme on Immunization, namely that global coverage with vaccines, measured by the proportion of kids who received 3 doses of vaccines containing diphtheria tetanus-pertussis (DTP3), rose from 73% in 2000 to 84% in 2013, a substantial increase.

But the numbers still fall short of the goal set out in the Global Vaccine Action Plan, which was endorsed by the World Health Assembly in 2012. That plan, which aims to prevent millions of deaths through more equitable access to vaccines, has a target of 90% coverage for all vaccines by the year 2020. The percentage of children who receive vaccines has been above 80% since 2006.

“We face a challenge in closing the gap between 84% and 90%,” said Michel Zaffran, Coordinator of WHO’s Expanded Programme on Immunization. “The countries have succeeded in maintaining a high level of vaccination coverage while, at the same time, introducing new vaccines and immunizing an increasing number of children born each year. However, it is hard for them to reach all children including those in remote areas or in urban slums.”

Small anti vaccination groups in some countries, Zaffran noted, also sometimes cause difficulties with misinformation about vaccines, presenting added challenges to national immunization programs in some cases.

For more information, go to this [website](#).

Related links  
[Data on WHO immunization coverage](#)  

**World Hepatitis Day 2014: Think again**  
Hayatee Hasan, WHO HQ

Every year on 28 July, WHO and partners mark World Hepatitis Day to increase the awareness and understanding of viral hepatitis and the diseases that it causes.

Viral hepatitis – a group of infectious diseases known as Hepatitis A, B, C, D, and E – affects hundreds of millions of people worldwide, causing acute and chronic liver disease and killing close to 1.4 million people every year. But hepatitis remains largely ignored or unknown.

In April 2014, WHO issued new recommendations on treatment of Hepatitis C. In May 2014, World Health Assembly delegates from 194 governments adopted a resolution to improve prevention, diagnosis, and treatment of viral hepatitis. On World Hepatitis Day, 28 July 2014, WHO and partners urge policymakers, health workers and the public to ‘Think again’ about this silent killer. World Hepatitis Day provides an opportunity to focus on specific actions, such as:

- strengthening prevention, screening and control of viral hepatitis and its related diseases;
- increasing hepatitis B vaccine coverage and integration of the vaccine into national immunization programmes; and
- coordinating a global response to viral hepatitis.

The date of 28 July was chosen for World Hepatitis Day in honour of the birthday of Nobel Laureate Professor Baruch Samuel Blumberg, discoverer of the hepatitis B virus.

For more information on [this year’s World Hepatitis Day](#).
Uzbekistan introduces a rotavirus vaccine into routine immunization
Shahin Huseynov, WHO Regional Office for Europe

On 16 June 2014, the Ministry of Health (MoH) of Uzbekistan launched nationwide rotavirus immunization. The Vice Minister of Health and Chief Public Health Officer of Uzbekistan Dr Saidmurad Saidaliev, country representatives of WHO and UNICEF, MoH’s senior staff participated in the formal launch event and press-conference in the capital, Tashkent.

Vice-Minister Saidaliev highlighted that introduction of this new vaccine will significantly decrease morbidity and mortality caused by rotavirus infections. He referred to WHO-supported sentinel surveillance and other studies which demonstrated that more than the 30% of all acute diarrhoea cases in Uzbekistan were attributed to rotavirus. Every year, more than 1000 children under five years of age die of rotavirus disease. The Vice Minister mentioned that the use of rotavirus vaccines should be part of a comprehensive strategy to control diarrhoeal diseases with the scaling up of both prevention and treatment packages and, in this regard, emphasized close collaboration of the MoH, WHO and UNICEF in Maternal and Child Health and immunization programmes.

Representatives of WHO and UNICEF acknowledged the political and financial commitment of the Government of Uzbekistan to childhood immunization and the consultative decision-making process on new vaccine introduction.

Uzbekistan became the fourth country in the European Region to introduce the rotavirus vaccine with GAVI support, and the first in Central Asia, where the burden of the disease is the highest in the Region.

AMP launches a project to assess the impact of PCV13 in the Bobo-Dioulasso region
Catherine Martin and Jennifer Moïsi, Agence de Médecine Préventive

AMP, in collaboration with the Hauts Bassins Regional Health Directorate in Burkina Faso, is going to lead a new three-year project in the Bobo-Dioulasso region. Bobo-PREP (the Bobo Pneumococcal Research and Evaluation Programme) is designed to assess the impact of the 13-valent pneumococcal conjugate vaccine (PCV13) in Bobo-Dioulasso, Burkina Faso. The project will use epidemiological data collected by AMP and the Centre Muraz between 2002 and 2009 to estimate PCV13’s effect on the incidence of meningitis and the prevalence of the pneumococcal nasopharyngeal carriage of vaccine and non-vaccine serotypes in immunized young children as well as unimmunized older children and adults.

The programme will also include a retrospective study measuring the impact of PCV13 on pneumonia hospitalizations in children under five years of age; an investigation into the sequelae associated with meningitis and pneumonia; and an economic and anthropological study of the cost of the disease and the value of the vaccine for the population in question.

A joint team from AMP and the Centre Muraz carried out an initial assessment from 10-20 June 2014 in the region’s hospital services and districts in order to draw up an initial report on the case-by-case surveillance of meningitis. The results of the field visits will be presented in a plenary session with all stakeholders; this will help to collectively determine what enhancements can be made to the current system within the framework of the project.

The programme will be implemented by the Laboratoire Mixte International de Vaccinologie (LAMIVAC; International Joint Vaccinology Laboratory) in partnership with the Bobo-Dioulasso Centre Hospitalo-Universitaire (CHUSS) and with the support of GAVI.
Russian Federation supports measles and rubella elimination
Stephanie Brickman, WHO EURO

The Government of the Russian Federation has allocated 329.5 million roubles (approximately 9.5 million US dollars) for 2014 and 2015 to support the World Health Organization’s efforts to eliminate measles and rubella in the European Region. The directive allocating the funds, which was signed by the Prime Minister Dmitri Medvedev in Moscow in April 2014, states that 94.5 million roubles should finance the costs associated with providing logistical support to laboratories that handle measles diagnosis in the Commonwealth of Independent States.

The remainder is to fund the Public Health Institution Rospotrebnadzor to monitor measles and rubella, perform genotyping, deliver virological specimens and sera, improve the methodological framework and other relevant activities.

Responsible investment and cooperation
Dr Guenael Rodier, Director of the Division of Communicable Diseases, Health Security and Environment, of WHO EURO, said: “The Russian Federation’s commitment to measles and rubella elimination is gratifying and most welcome. We have seen a substantial increase in cases in the Region over the last five years with negative consequences for public health. However, with responsible investment and cooperation, as demonstrated by the Russian Federation in this instance, these diseases can be overcome. Significant improvement of the surveillance system by supporting laboratory infrastructures is particularly welcome as a reliable, efficient laboratory network and is a key element of good public health.”

Resurgence of measles and rubella
Many of the cases of measles and rubella in the European Region in the last five years have occurred in Member States that had previously brought these diseases under control. Between 2007 and 2013, measles cases alone increased by 348% from 7073 to 31685. The Russian Federation reported 2590 cases in the first quarter of 2014. Just under half of these were adults over 20 years of age.

External review of the national immunization programme in Angola
Margerida Correa, Ministry of Health Angola, Jean Marie Kipela, WHO Country office Angola, Aka Nicaise, external consultant and Auguste Ambendet, WHO AFRO IST Central

At the request of the Ministry of Health of Angola, the WHO IST for Central Africa supported the MoH to conduct an external review of Angola’s national immunization programme from 4-28 June 2014. This evaluation was combined with a DQA (data quality assessment) and an EVM (effective vaccine management assessment). In total, 11 provinces, 17 Municipios and 24 Unidade sanitarias were selected for review using the Effective Vaccine Management assessment tool.

An additional seven Municipios and 14 Unidade sanitarias were also selected based on the following three criteria: DTP-HepB-Hib3 immunization performance; surveillance performance (annualized rate of non polio Acute Flaccid Paralysis) and geographical accessibility.

The results of the evaluation were presented to health sector stakeholders at the different administrative levels, including those at provincial and national level, culminating in a presentation to the Minister of Health on Saturday 17 July, and to the ICC (Inter-Agency Coordinating Committee) on 21 July. The assessment identified a number of strengths as well as some areas for improvement. The strengths included: Strong support from the Ministry of Health, smooth introduction of new vaccines and interruption of wild poliovirus circulation for the last three years. Among the weaknesses were: Insufficient numbers of health staff at all levels and an over-reliance on external support in the areas of disease surveillance, vaccine management and data quality. The active presence of WHO and UNICEF in the country as well as the availability of a number of other partners in the health sector represent opportunities for supporting the Expanded Programme on Immunization.

Recommendations were issued for all components, which will help in preparing the revised cMYP which currently expires in 2015.
Post-disaster measles campaign completed in flood-affected provinces in Afghanistan  
Sini Ramo, WHO Country Office Afghanistan

WHO and the Ministry of Public Health (MoPH) with other partners completed a post-disaster measles vaccination campaign in provinces affected by severe flooding in April-May this year. Overall 321,750 children aged between nine months to nine years were vaccinated against measles in 13 districts in five provinces devastated by flooding in the northern and northeastern parts of Afghanistan. Hundreds of people lost their lives in the flash floods and landslides that also brought about immense destruction to houses, public infrastructure, crops and livestock and resulted in large-scale displacement.

Vaccination of infants and children against measles is among the most important public health response measures after disasters as the risk for measles outbreaks increases. “Mortality due to measles is very high and the disease is highly contagious. The vaccine also does not guarantee 100% immunity to the disease,” says Dr Abdulghafoor Abdulshakoor, manager of the Extended Programme on Immunization (EPI) at WHO. Population displacement, crowded living conditions and the availability of safe water, sanitation facilities and health care services all impact the risk for communicable disease outbreaks after disasters such as the ones that hit Afghanistan this spring.

WHO’s post-disaster campaign was successful as 92% of the initial targets were met. “We trained around 2,000 health workers, supervisors and volunteers from MoPH and Non-Governmental organizations (NGOs) to properly plan, manage, deliver, monitor and evaluate measles campaigns,” says Dr Abdulshakoor. “This campaign specifically targeted districts with low routine measles immunization coverage and high risk for measles outbreaks.”

WHO will expand its measles vaccination campaign in August 2014 to 43 additional high-risk districts where measles cases are reported. Measles remains one of the major causes of disease epidemics in Afghanistan and there is a need for accelerated efforts on mass measles vaccination campaigns as well as focused outbreak response.

Post-Introduction of HPV demonstration Project in Sierra Leone, West Africa  
Crepin Hilaire Dadjo, WHO/ Inter-Country Support Team for West Africa

From 05-11 May 2014, team of international and national experts conducted a Post-Introduction Evaluation (PIE) of the Human Papillomavirus (HPV) demonstration project in Sierra Leone. This was done as per GAVI requirements during the administration of the third dose in the country. A standardized WHO protocol was adapted and applied for the six sites selected for the study, all situated in Bo district where the project took place.

The findings indicate a wide acceptance by girls, parents and teachers of the new vaccine, resulting in a high coverage rate of 99.5% for the first dose and 99.1% for the second dose (in both cases, for in and out of school girls combined). The study also uncovered an early planning process of more than six months before administration of the first dose, timely provision of funds, and evidence of an effective defaulter tracking system. No stock outs were reported and functional refrigerators were recorded in five out of six health facilities investigated. However, an improper disposal of waste in some areas was observed and Adverse Events following Immunization (AEFIs) were under reported.

In terms of next steps, the PIE strongly recommended that a critical review of the costs of the implementation of the first year of the HPV Demo project in order to identify the reasons for a financial gap. The investigators also recommended that the country consider nationwide introduction of HPV into the routine immunization programme and the development of a comprehensive National Strategic Plan for Cancer Control.
**Involving the private sector in the surveillance for measles and rubella; an elimination maintenance strategy - the case of Jamaica**

Tonia Dawkins, Ministry of Health, Jamaica and Karen Lewis-Bell, PAHO

The last case of measles in Jamaica occurred in 1991; that same year, case-based surveillance commenced using a definition of fever and generalized rash with cough, coryza or conjunctivitis. Since 1998 surveillance for measles and rubella was integrated using a sensitive definition of fever and generalized rash. Since then, Jamaica has maintained high quality surveillance, meeting all but one of the indicators, and efforts have been concentrated on strengthening sentinel surveillance, training public health care workers and improving Measles, Mumps and Rubella (MMR) vaccination coverage.

Since 1991 Jamaica detected three cases of measles, all imported from Europe (1998, 2008 and 2011). Importantly, all these cases made first contact through the private sector. As the Region of the Americas seeks certification of elimination of measles and rubella, documentation and verification of elimination of these diseases in Jamaica was conducted. The process indicated the need to strengthen surveillance in the private sector as the country is economically dependent on tourism, younger doctors have never seen measles, the last extensive training of the private sector occurred more than 15 years prior and it was highly likely that cases would first be detected through the private sector.

To this end, with the support of PAHO, the Expanded Programme on Immunization (EPI) and Surveillance Units of the Ministry of Health, Jamaica conducted five one-day surveillance workshops for 110 private doctors throughout the island during the period November 2012 to January 2013. This was done through collaboration with three professional associations for family physicians and pediatricians. The training was well received and participants indicated that their understanding of surveillance for Vaccine Preventable Diseases (VPDs) was greatly improved. They expressed the need for similar workshops on surveillance for other conditions e.g. Influenza. This collaborative approach augured well for strengthening surveillance for measles and rubella and the country remains confident in its capacity for early detection of imported cases.

**Meetings / workshops**

**Workshop on tailoring public health programmes**

*Catharina de Kat-Reynen*, WHO EURO

**Location:** WHO Regional Office for Europe, Copenhagen, Denmark

**Date:** 23–24 June 2014

**Participants:** Over 20 consultants from 8 countries

**Purpose:** To build a cadre of international consultants that can be called upon to support upcoming projects and assignments where assistance is requested from WHO or directly from Member States to implement the WHO/Europe "Tailoring immunization programmes" (TIP) guide and related guides developed to promote uptake of influenza vaccination (TIP Flu) and support the response to antimicrobial resistance (TAP).

**Details:** Participants obtained a basic understanding of the tools used and heard the experiences of programmes and Member States that have already applied the tools. This training is an additional step towards assisting Member States in tailoring their responses to the needs of susceptible and vulnerable populations, or essential groups of health care workers, and improving the bottom-line impact of their programmes. Consultants will be assigned upcoming projects and will accompany more experienced experts to build their experience in applying the tools.

More information on tailoring immunization programmes to reach underserved groups – [the TIP approach](#).
Workshops on shipping of infectious substances and biorisk management

Catharina de Kat-Reyen, WHO EURO

Location: Ashgebat, Turkmenistan

Date: 30 June to 4 July 2014

Participants: Shippers of infectious substances from laboratories and professionals working in biorisk management in Kyrgyzstan

Purpose: To assist public health professionals working on the surveillance of communicable diseases (such as poliomyelitis, measles, rubella, tuberculosis and influenza) and particularly dangerous pathogens to prevent the accidental or deliberate spread of diseases in their work.

Details: WHO EURO organized two trainings at the request of the Ministry of Health and Medical Industry of Turkmenistan as part of a project co-funded by the European Union to strengthen the safety and security of public health laboratories.

Shipping of infectious substances

The first course trained and certified shippers of infectious substances in international transport regulations. It focused on the categorization of these substances, and requirements for their packaging, labelling, documentation and refrigeration.

Over 20 participants received WHO certification to transport infectious substances by air, in accordance with international standards for public health needs.

Biorisk management

The second course targeted professionals working in biorisk management, aiming to reduce the threat of infectious disease in laboratory environments. Over 30 participants learned about the latest advances in ensuring safety and security and practical skills in assessing and mitigating biorisks, and monitoring performance.

WHO EURO has conducted similar courses for public health professionals from over 25 Member States in the WHO European Region.
UNICEF & WHO joint meeting to review strategies to sustain Maternal and Neonatal Tetanus Elimination (MNTE) through strengthening Maternal, Newborn and Child Health (MNCH) platforms

Rownak Khan, Azhar Abid Raza, Ahmadu Yakubu and Flint Zulu, UNICEF New York

Location: New York, USA

Date: 24-25 June 2014

Participants: Technical experts and key programme partners from UNICEF, WHO, UNFPA, USAID, CDC, Bill and Melinda Gates Foundation, Ministry of Health - Ghana

Purpose: To discuss key operational and programmatic strategies and shifts for better and sustainable service delivery platforms that will help maintain MNT elimination as well as strengthen provision of Maternal and Newborn Health services.

Details: Between 2000 and June 2014, 35 out of the 59 countries at risk of MNT have been validated for MNT elimination by the World Health Organization. As Neonatal Tetanus is not an eradicable disease, countries need to monitor key indicators and undertake certain measures to sustain elimination. In order to support countries in their efforts, the provision of technical and strategic guidelines to sustain MNT elimination status are needed.

The partners emphasized leveraging opportunities for programmatic integrations and synergies through strengthening MNH platform in the context of providing continuum of care. The partners agreed to develop generic guidelines for sustaining elimination to be adapted by the countries by end 2014. Some important strategies discussed were: i) protection of children through DTP booster dose, ii) school-based vaccination for boys and girls, iii) capture NT deaths through neonatal death audit, iv) further improve maternal health platform for quality antenatal care (ANC) services, v) institutionalize annual data review mechanism at subnational levels, and accurate monitoring mechanism.

The meeting set the stage for strategic programming on sustaining MNTE and strengthening partnerships in the broader MNH context. The partners stressed on importance of working together to leverage resources and expertise in support of maintaining MNTE through a sustainable approach that encompasses comprehensive efforts to improve the health system.
Training on the new guides for the elaboration of comprehensive multi-year plans (cMYPs) for immunization

Auguste Ambendet, WHO AFRO IST Central

Location: Yaoundé, Cameroon

Date: 7-11 July 2014

Participants: 62 participants including national EPI, logisticians, planners and focal points from WHO and UNICEF from Angola, Burundi, Cameroon, the Central African Republic, Chad, the Congo, the Democratic Republic of Congo, Equatorial Guinea and Sao Tome and Principe.

Purpose: Strengthen country capacity for the elaboration and/or revision of cMYPs according to the new strategic directions of the GVAP and the Regional Strategic Plan for Immunization 2014-2020.

Details: The workshop was organized in six sessions corresponding to the planning stages of the revised guidelines allowing exchanges of experiences and useful information. Logisticians had parallel sessions on how to complete the new tools (logistics forecasting tool) relating to the anticipated supply chain needs which helps to determine the cold chain, transport, volume and waste capacity needed in the future.

The process of integrating other child survival health interventions also lead to numerous discussions. Participants commented extensively on the new tools used during the workshop. The last session focused on elaborating monitoring and evaluation plans for each country based on the framework provided by the facilitators.
Hands-on training workshop on the laboratory diagnosis of Japanese encephalitis (JE)

Youngmee Jee, EPI, WHO Regional Office for the Western Pacific

Location: Shangai, China

Date: 30 June-4 July 2014

Hands-on training for the participants in the workshop on laboratory diagnosis on JE

Participants: Twenty-nine participants from ten Center for Disease Control and Prevention (CDC) subnational (provincial) JE laboratories namely: Chongqing, Guangxi, Guangdong, Guizhou, Henan, Shandong, Shanghai, Sichuan, Yunnan, Zhejiang and 19 participants from Shanghai City level. Twelve lecturers and advisors from the National Immunization Programme and China CDC, Office for Disease Control and Emergence Response, Institute for Viral Disease Control and Prevention (China CDC) and WHO WPRO.

Purpose: To familiarize participants from JE laboratories with JE control and prevention initiatives in the Western Pacific Region (WPR), particularly in China, to enhance their knowledge and skills in the performance of ELISA and other laboratory techniques for laboratory diagnosis of JE as well as biosafety practices, and also to familiarize them with the requirements for laboratory quality assurance of JE diagnosis as a WHO-network laboratory, including confirmatory testing, proficiency testing and WHO accreditation.

Details: The objectives of the training workshop were achieved through comprehensive hands-on practical sessions, lectures and discussions. By the end of the workshop, participants had the technical capacity and knowledge to perform the JE immunoglobulin M (IgM) enzyme-linked immunosorbent assay (ELISA) based on WHO standard procedures.

The participants were updated on the progress and challenges in the control of JE, briefed on the WHO JE laboratory network in the WPR and also bioregional activities on JE. Each participant from the ten subnational JE laboratories was given an opportunity to present updates on JE control activities including the laboratory testing, vector and pig surveillance in their provinces.

During the three days, lectures on recommended procedures for testing serum and CSF using IgM ELISA test and molecular test using polymerase chain reaction (PCR) and analysis were given as well as hands-on training on the ELISA and RT-PCR. For ELISA using Shanghai Beixi kit, 30 Participants were grouped into 15. Comprehensive analysis of ELISA results were shared among participants and extensive discussions were made to further improve the performance. Furthermore, the participants were trained in laboratory biosafety with guidance on safe handling of samples and disease agent.

WHO discussed with the participants the requirements for laboratory quality assurance, including confirmatory testing, proficiency testing and WHO accreditation. The China subnational laboratories were encouraged to participate in the WHO accreditation in 2014-2015.
International hospital-based active surveillance system for vaccine safety: Pilot study

Pamela Bravo, PAHO HQ

Location: Santiago, Chile
Date: 25-26 June, 2014
Participants: Principal investigators and ESAVI surveillance officers from 15 sentinel hospitals located in seven countries: Argentina, Chile, Colombia, Costa Rica, Honduras, Peru and Uruguay. Safety experts and collaborators of the pilot initiative and PAHO staff facilitated the workshop.

Purpose: To strengthen national capacities for the implementation of an international proof of concept hospital-based active surveillance pilot study, which will investigate the association between aseptic meningitis and immune thrombocytopenic purpura, following the administration of the measles-mumps-rubella containing vaccine (MMR).

Details: Building on a previous project led by WHO’s Global Vaccination Initiative, a regional network of 15 sentinel hospitals was established in the Americas in the following countries: Argentina, Chile, Colombia, Costa Rica, Honduras, Peru and Uruguay. The regional network will benefit participating countries from a more rapid and epidemiologically valid assessment of adverse events supposedly attributable to immunization (ESAVI), of particular interest with regards to the monitoring of vaccines used during future pandemics and of new vaccines for which insufficient data on serious and rare adverse events are available.

To assess the feasibility, quality and sustainability of such an international network within the hospitals, a pilot study was created in which two well-established relationships between a vaccine (measles vaccine, rubella and mumps/SRP) and two adverse events (immune thrombocytopenic purpura and aseptic meningitis) would be measured.

As part of the implementation process of the pilot test, a workshop was held in Santiago, Chile on 25 June 2014 and was attended by 12 of the principal investigators of the 15 established sentinel hospitals. The participants reviewed and adjusted the master protocol according to the reality of their hospitals and countries, familiarized themselves with the formats of data collection and data transmission to the WHO and trained in a series of methods.
XXII Meeting of PAHO’s Technical Advisory Group (TAG) on Vaccine-preventable Diseases

Carolina Danovaro, Gabriela Felix, Cara Janusz and Cuauhtémoc Ruiz-Matus, Pan American Health Organization

Location: Washington DC, USA

Date: 1-2 July 2014

Participants: TAG Members, PAHO Immunization Staff (virtually for those in countries), and a representative from the US Centers for Disease Control and (CDC).

Purpose: To review Regional progress on selected topics and issue recommendations to address pressing challenges faced by national immunizations programmes in the Americas.

Details: PAHO’s Assistant Director, Dr Francisco Becerra, welcomed the participants and gave a brief introduction to the TAG’s responsibility as regional technical advisory group on vaccine-preventable diseases. This XXII TAG meeting was marked by the recent passing of Dr Ciro de Quadros, TAG Chair since 2004. A minute of silence was observed in memory of Dr de Quadros before starting the meeting, at the request of interim-Chair Dr Peter Figueroa. Dr Jon Andrus, PAHO Deputy Director, shared reflections to honor Dr Ciro de Quadros.

The topics discussed included Polio Eradication and Endgame Strategic Plan; Human Papilloma Virus (HPV) Vaccination; Influenza Vaccination and the Network for Evaluation of Influenza Vaccine Effectiveness-REVELAC-i; Cholera Vaccination in the Americas; the Status of the Documentation and Verification Process for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (CRS); Pertussis Vaccination; PAHO’s Revolving Fund; Immunization Data Quality and Electronic Immunization Registries (EIRs); Vaccination of Adults with Pneumococcal Conjugate Vaccine (PCV); and Tools for Improving the Effective Management of Immunization Programmes at all Levels.

TAG members acknowledged the contributions of PAHO’s Secretariat to the success of the meeting and issued this report in memory of Dr Ciro de Quadros. The report will be available shortly at this link, under the topic TAG.
Orientation Meeting of National Polio Committees in West Africa

Crepin Hilaire Dadjo, WHO/ Inter-Country Support Team for West Africa

Location: Ouagadougou, Burkina Faso

Date: 7-11 July 2014


Facilitators: WHO/AFRO – WHO/HQ – WHO/IST West Africa; Pasteur Institute of Dakar (Senegal); The following members of the Africa Regional Certification Commission: 1. Prof. Jean KABORE (Burkina Faso); 2. Dr Ibrahima KANE (Mauritania); 3. Dr Zakaria MAIGA (Mali)

Purpose: To revive the National Polio committees.

Details: The participants were first updated on the current epidemiology of the poliovirus, Acute Flaccid Paralysis (AFP) surveillance and Routine Immunization performance in the African region and briefed on the Polio Eradication and Endgame Strategic Plan 2013-2018.

Polio eradication is gaining sound results in West Africa with 837 wild polio viruses (WPV) reported in 2008 and only five WPV as of 17 July, 2014.

Plenary sessions and group work from the meeting reviewed progress and adopted six resolutions, including the following: all National Certification Committee (NCCs) are to ensure country annual reports are reviewed and submitted before the deadline; and all National Polio Expert Committee (NPECs) are to ensure the final classification of all cases with inadequate specimen every quarter. A final classification report with the most likely diagnosis should be given to cases discarded as “nonpolio” by NPEC.
Resources

PUBLICATION OF THE DATA REPORTED BY THE WHO MEMBER STATES ON IMMUNIZATION.
Olivier Beauvais and Laure Dumolard, WHO HQ

Since 1998, WHO and UNICEF annually collect data on national immunization systems jointly through the WHO/UNICEF Joint Reporting Form on Immunization (JRF).

The Joint Reporting Form annually collects national level data on:
- reported cases of selected vaccine preventable diseases,
- immunization coverage,
- recommended immunization schedules,
- supplementary immunization activities,
- vaccine supply, and
- other information on the structure, policies and performance of national immunization systems.

National authorities complete the form using an excel-based data-collection tool and submit the data to WHO and UNICEF during the second quarter of each year. WHO and UNICEF consolidate the replies and reconcile any differences between the two reporting channels during the month of May.

By 18 July 2014, 181 member states reported data for 2013. The WHO vaccine preventable diseases monitoring system has been updated with 2013 data and can be accessed through country profiles, or by subject.

COUNTRY SPECIFIC ESTIMATES OF IMMUNIZATION COVERAGE FOR 1980-2013
David Brown, UNICEF HQ and Marta Gacic-Dobo, WHO HQ

WHO and UNICEF have reviewed data available on national immunization coverage and produced country-specific estimates of immunization coverage for 1980-2013.

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

Global coverage in 2013 for three doses of DTP-containing vaccine was 84%, however an estimated 21.8 million infants remained unvaccinated. It was estimated that 84% of infants receive the 1st dose of measles-containing vaccine through the routine immunization services leaving 21.6 million infants unvaccinated.

For the first time coverage estimates were made for the second dose of measles-containing vaccines and for Hepatitis B birth dose.

The data are posted both on UNICEF and WHO web sites.
The data can be accessed in tabular format and excel file, and country profiles of coverage estimates can be found here.
WHICH COUNTRIES ARE INTRODUCING NEW VACCINES?
Hemanthi Dassanayake-Nicolas, Laure Dumolard and Lisa Menning, WHO HQ

The latest updated slide-set on vaccine introduction for various vaccines and antigens is now available on the WHO Immunization website. These maps are updated once a quarter to reflect the vaccine introduction status and upcoming introductions for the following vaccines:

- Haemophilus Influenzae type b (Hib)
- Pneumococcal Conjugate (PCV)
- Rotavirus
- Human Papillomavirus (HPV)
- Yellow Fever (YF)
- Japanese Encephalitis (JE)
- Measles Second Dose (MSD)
- Rubella

From last quarter, 28 new introductions were reported for six vaccines (PCV, Rotavirus, HPV, MSD and Rubella) with thirteen of them being for rotavirus vaccine.

If you have any comments or updated information on the data reported, please send an email. The next update is planned for October 2014.

Planning for IPV introduction

For a summary per country on the status of IPV introduction, additional maps are now published and updated monthly on the dedicated IPV web site. The data provide an indication of the global trend towards meeting the targets of the Polio Eradication and Endgame Strategic Plan. If you have any questions or updates on the data reported, please contact us.

Laboratory manual for the diagnosis of whooping cough caused by bordetella pertussis/bordetella parapertussis. (Update 2014, WHO/IVB/14.03)


Ce guide présente une série d’étapes permettant d’élaborer un plan pluriannuel complet de vaccination (PPAC), et inclut un outil de planification et un outil de calcul des coûts. Il est recommandé aux administrateurs, au moment d’examiner et d’évaluer les résultats de chaque étape du processus, de s’assurer que le plan atteint toutes les objectifs escomptés, respecte les priorités des politiques nationales et utilise les ressources disponibles.

Immunization costing and financing: A tool and user guide for comprehensive Multi-Year Plan (cMYP) - Update 2014 (WHO/IVB/14.06)

Estimating the costs and financing of immunization programmes is a key step in the development of a comprehensive Multi-Year Plan (cMYP). To help undertake the costing and financing of a cMYP a tool has been developed - the cMYP Costing and Financing Tool. This tool is accompanied by a User Guide which provides an overview of important immunization costing and financing concepts, methodologies and definitions, as well as step-by-step instruction on how to use the costing and financing tool, including how to analyze the data and findings.
Resources

Options for linking health interventions for adolescents with HPV vaccination

This short policy brief clarifies WHO's position on the potential of linkages between adolescent health interventions and HPV vaccination, both from the vaccination and adolescent health perspectives. It includes the results of a systematic review into evidence based, short duration adolescent health interventions that can be linked to HPV vaccination.

Practices to improve coverage of the Hepatitis B Birth dose vaccine

Karen Hennessey, WHO HQ

This document is now available in both English and French. The main purpose of this document is to evaluate published and grey literature on best practices for provision of hepatitis B vaccine to newborns. The document examines which practices improve coverage and describes facilitators and barriers to improving coverage of the birth dose.

Documenting the impact of Hepatitis B immunization: best practices for conducting a serosurvey

Karen Hennessey, WHO HQ

This document is now available in both English and French. This document describes best practices for implementing hepatitis B serosurveys, including survey design, sampling, field methods, and data analysis.

Revised guidance on the choice of pertussis vaccines

Hayatee Hasan, WHO HQ

An updated WHO position paper on pertussis vaccines is published in the 25 July 2014 edition of WHO's Weekly Epidemiological Record. The main aim of pertussis vaccination is to reduce the risk of severe pertussis in infants and young children due to the high mortality caused by the disease in this age group.

All children worldwide should be immunized against pertussis, and every country should seek to achieve early and timely vaccination. Individual protection against severe or fatal pertussis in infancy and early childhood is acquired after a primary series of vaccination with either whole cell pertussis vaccine (wP) or acellular pertussis vaccines (aP).

Evidence suggests that over 90% coverage with highly efficacious vaccines leads to high levels of protection in children under the age of five. Any reduction in overall coverage can lead to an increase in cases of pertussis.

For more information, read the WHO update on the choice of pertussis vaccines.
Assessment Published of 21 HPV Vaccination Programs in 14 Low and Middle-Income Countries

Mariana Rodrigues, Axios International

An assessment of 21 HPV vaccination programmes implemented in 14 low and middle-income countries was recently published in *BMC Public Health*.

The programmes assessed in the study participated in the Gardasil Access Programme (GAP), which provided HPV vaccine at no cost to help institutions gain experience implementing HPV vaccination programmes. Programmes were located in Africa, Latin America, the Caribbean, Eastern Europe and Asia.

In order to evaluate the determinants of programme performance and success, data on vaccine delivery model, number of girls vaccinated, number of girls completing the three-dose campaign, duration of vaccination programme, community involvement and sensitization strategies were collected from each programme upon completion. Vaccine Uptake Rate (VUR) and Vaccine Adherence between the first and third doses (VA) rate were also calculated.

Among the 21 programmes, eight were managed by non-governmental organizations (NGOs) and 13 were managed by Ministries of Health. 12 programmes were school-based, five were health clinic-based and four utilized a mixed model. A total of 217,786 girls received a full course of vaccination among these programmes.

Mean Vaccine Uptake Rate (VUR) was 88.7% (SD = 10.5) and Vaccine Adherence between the first and third doses (VA) was 90.8% (SD = 7.3).

Community involvement in the follow-up of girls participating in the vaccination campaign was significantly associated with VUR. Multivariate analyses also identified school-based and health clinic models, NGO management (in close coordination with Ministries of Health) and duration of programme vaccination as significant factors associated with VUR.

These results may be useful in the development of national HPV vaccination policies in low and middle-income countries.
## Calendar

### 2014

#### August

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>11-14</td>
<td>Workshop to strengthen monitoring reporting, investigation and causality assessment of adverse events following immunization (AEFI) for Anglophone Countries in AFRO East and South</td>
<td>Dar es Salaam, Tanzania</td>
</tr>
<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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<tr>
<td>25-29</td>
<td>SEARO Immunization Technical Advisory Group Meeting</td>
<td>New Delhi, India</td>
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#### September

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<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>
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<tr>
<td>3-5</td>
<td>11th International Rotavirus Symposium</td>
<td>New Delhi, India</td>
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<tr>
<td>8-12</td>
<td>SEARO Regional Committee meeting</td>
<td>Dhaka, Bangladesh</td>
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<tr>
<td>15-18</td>
<td>EURO Regional Committee meeting</td>
<td>Copenhagen, Denmark</td>
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<tr>
<td>15-19</td>
<td>PAHO IPV introduction planning meeting</td>
<td>TBD</td>
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<tr>
<td>22-24</td>
<td>Global Measles Rubella Laboratory Meeting</td>
<td>Istanbul, Turkey</td>
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<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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<tr>
<td>13-17</td>
<td>WPRO Regional Committee meeting</td>
<td>Manila, Philippines</td>
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<tr>
<td>14-15</td>
<td>AFRO East &amp; South Sub-Regional Working 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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<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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<tr>
<td>27-31</td>
<td>WHO coordinated sentinel surveillance network meeting</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>29-30</td>
<td>IB-VPD laboratory technical working group meeting</td>
<td>Geneva, Switzerland</td>
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#### November

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<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

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<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

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<tr>
<td>14-16</td>
<td>Strategic Advisory Group of Experts</td>
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#### October

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

Organizations and Initiatives

American Red Cross
Child Survival

Agence de Médecine Préventive
Africhol
EpiVacPlus
LOGIVAC Project
SIVAC

Centers for Disease Control and Prevention
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)

PAHO
ProVac Initiative

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

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

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
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)