7th Meeting of the
European Technical Advisory Group of Experts on Immunization (ETAGE)

29-30 August 2007
Copenhagen, Denmark
Abbreviations

ACPE  Advisory Committee on Polio Eradication
AEFI  Adverse Events Following Immunization
AFP  Acute flaccid paralysis
CDC  Centers for Disease Control and Prevention, Atlanta, USA
CISID  Centralized Information System for Infectious Diseases
CRI  Congenital rubella infection
CRS  Congenital rubella syndrome
cVDPV  Circulating vaccine derived poliovirus
ECDC  The European Centre for Disease Prevention and Control
EIW  European Immunization Week
ETAGE  European Technical Advisory Group of Experts on Immunization
GAVI  Global Alliance for Vaccines and Immunization
GFIPMS  Global Framework for Immunization Programme Monitoring and Surveillance
GIVS  Global Immunization Vision and Strategies
Hib  Haemophilus influenzae type b
HIV/AIDS  Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IHR  International Health Regulations
IPV  Inactivated Polio Vaccine
OPV  Oral Polio Vaccine
MR  Measles and Rubella
RC  Regional Committee of the WHO European Region
SIA  Supplemental Immunization Activities
VDPV  Vaccine-derived poliovirus
VPI  Vaccine-preventable Diseases and Immunization programme of the WHO Regional Office for Europe
VPD  Vaccine-preventable Diseases
WHO  World Health Organization
WPV  Wild polio virus

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Introduction

The 7th meeting of the European Technical Advisory Group of Experts on Immunization (ETAGE) was held at the WHO Regional Office for Europe, Copenhagen, on 29-30 August 2007. ETAGE meets twice a year to review the progress of the Vaccine-preventable Diseases and Immunization (VPI) programme as it feeds into the regional goals. Dr Pierre van Damme chaired the meeting, assisted by Dr Patrick Olin. Dr Gudjon Magnusson, Director of the Division of Health Programmes, welcomed the ETAGE members, representatives of partner agencies and WHO headquarters and temporary advisers to the meeting. Dr Nedret Emiroglu, Regional Adviser of VPI, opened the meeting and introduced the agenda. The objectives of the meeting were to provide ETAGE members with updates and receive input on the following:

- VPI implementation of previous ETAGE recommendations;
- regional overview on GAVI and the introduction of new vaccines;
- the status of accelerated disease-control programmes, and the preliminary results of 2006.

ETAGE also encouraged VPI to remain vigilant and step up measures regarding:
- measles and rubella elimination and congenital rubella infection (CRI) prevention
- efforts to sustain the “polio-free” status of the European Region.

And finally, ETAGE discussed and endorsed:
- the 2007 report on European Immunization Week (EIW), and plans for 2008 and beyond, and;
- VPI strategic five-year plan (2008-2013) for remaining a polio-free Region.

The participants at the meeting were:

Dr Gudjon Magnusson, Director of the Division of Health Programmes
Dr Nedret Emiroglu, Regional Adviser of VPI
Dr Pierre van Damme (chair)
Dr Patrick Olin
Dr Tatiana Semenenko (temporary adviser to the meeting)
Prof Patricia Claeyts (temporary adviser to the meeting)
Mr Eric Laurent, VPI
Dr John Spika
Dr Eugene Gavrilin, VPI
Dr Andrei Lobanov, VPI
Ms Katrine Habersaat, VPI

Opening statements
Director, Division of Health Programmes

Dr Magnusson welcomed the group and highlighted the important role played by ETAGE in terms of setting the technical direction and priorities for the immunization programme in the WHO European Region. He also challenged ETAGE to best support VPI by carefully taking into account new data, yet offering outspoken and
constructive criticism when needed towards strengthening the regional immunization programme. Dr Magnusson also stressed the importance of equity to ensure the right of every child to receive appropriate, timely and safe immunization that will help avoid vaccine-preventable deaths of about 32 000 children per year in the Region.

Chair, ETAGE

Dr Van Damme welcomed participants. He reminded the ETAGE of their terms of reference; to provide independent review and expert technical input to the WHO European Region’s immunization programme, with the objectives of facilitating and accelerating the achievement of the regional targets. He also reminded the participants that ETAGE is an independent advisory body to the Regional Director of the WHO European Region.
Technical Session 1
Vaccine-preventable Diseases and Immunization Programme – 2007 and plans for 2008 and 2009

Dr Emiroglu presented a comprehensive outline of the VPI programme for 2007. Overall, the Region continues to achieve high coverage for most antigens used, and it recently celebrated its fifth year “polio-free” anniversary. However, more than 500,000 children are still not receiving full primary vaccination; timely vaccination remains a problem for several countries; measles and rubella outbreaks continue to occur; and despite the successful introduction of Hepatitis B across the Region, there are still some western European countries that have not adopted universal vaccination.

To close these gaps, countries can focus on strengthening immunization programme management through national capacity building in the areas of data collection, analysis and response, and strategic planning through formulation and implementation at national and sub-national levels. Moreover, countries may develop better immunization delivery systems targeting hard-to-reach groups, including the urban poor, remote populations, mobile groups and minorities. Additionally, timely and accurate reporting of Vaccine-preventable Diseases (VPD) surveillance data remains a key challenge for the Region in measuring progress towards disease control, elimination and eradication goals.

VPI has made great strides towards articulating its strategic and programmatic directions towards 2013 in line with the medium-term strategic planning process carried out under the WHO general programme of work. This process has highlighted the complexity of the regional immunization programme and the importance of developing and strengthening programme and technical partnerships at regional as well as national levels.

ETAGE recognized the importance of partnerships as a means to leverage VPI strengths and to serve as a critical means to address programmatic gaps across the Region. Additionally, ETAGE appreciated the VPI challenge to chart a firm strategic direction in light of the changing nature of global, regional and national immunization priorities, high staff turnover, an intensification of programme activities and the constraints (and opportunities) of merging VPI with the Communicable Disease Surveillance and Response (CSR) unit.

With respect to the programme plan and budget for 2007 and plans for 2008-2009, ETAGE commended VPI efforts to acquire donor funds in 2007. It also expressed understanding for the concerns of a possible funding shortfall in 2008 necessary to meet current VPI technical assistance commitments. In light of this information, ETAGE requested an assessment of the VPI financial and human resources profile required to meet regional mandates.

Summary of follow-up actions to implement previous ETAGE recommendations

Mr Eric Laurent delivered a brief presentation on VPI actions taken to address general and disease-specific recommendations arising from the previous ETAGE meeting in October 2006. ETAGE was pleased with the comprehensive and focused VPI action in response to the recommendations.
Technical Session 2
Accelerated disease control; Measles and Rubella elimination and CRI prevention

Dr John Spika described progress made towards the regional goal for the elimination of Measles and Rubella (MR) and prevention of CRI by 2010 and the actions planned for 2008-2009. ETAGE recognized the progress and continued achievements of VPI towards this goal.

In this area, ETAGE realized that continued Member State attention to maintain political commitment and sufficient financial and human resources is critical to achieve the MR elimination target in the Region.

ETAGE was pleased to note the regional progress in MR elimination as evidenced by the record-low number of reported cases to date. Also, it welcomed the commitment of five Member States to conduct MR supplementary immunization activities (SIAs) to address susceptible populations and the increasing number of countries reporting case-based surveillance data for measles and rubella. Conveying the importance of surveillance its importance in monitoring progress towards the regional goal are of paramount concern to VPI and ETAGE.

ETAGE also welcomed developments of Member States in reporting to WHO and other partners. It appreciated the increase in national awareness of the importance of responding to measles outbreaks by implementing high quality outbreak investigations, implementing measures to vaccinate remaining susceptible populations and reporting findings to WHO and the European Centre for Disease Prevention and Control (ECDC). ETAGE noted that outbreak investigations conducted in 2006 and 2007 showed an increasing quality of investigation efforts and greater collaboration between national immunization programmes, ECDC, the Centers for Disease Control and Prevention, USA (CDC) and the WHO Regional Office for Europe.

ETAGE recognized the value of certification of the elimination of measles and rubella as an important tool for monitoring progress towards the regional target. It also said this could be an incentive for lagging countries.

On certification in the Region, ETAGE encouraged the continued efforts to establish a regional certification process for measles and rubella. VPI will gather evidence and develop strategies to ensure consideration of the process before the 2008 meeting of the Regional Immunization Interagency Coordinating Committee. Where appropriate, VPI will also promote Member State development of national review commissions for MR elimination that may integrate with polio eradication certification. ETAGE also encouraged VPI to promote understanding among Member States of the dynamic nature of the certification process. It requires long-term commitment of financial and programmatic resources, continuous monitoring and evaluation and rapid and high-quality response to imported virus.
For the next biennium, VPI plans to support country efforts to focus SIAs on hard-to-reach populations and those with low access to health care services, and to strengthen routine immunization services delivery. ETAGE supported these plans. Realizing the plan could be done both independently and by using European Immunization Week, ETAGE said.

ETAGE recognized that the 2010 MR elimination goal is ambitious and urged VPI to intensify efforts with Member States and partners to meet this target. ETAGE urged Member States to broaden efforts to define susceptible populations and to use every opportunity to vaccinate these groups. This could be done by strengthening routine immunization and related surveillance systems, or by increasing political commitment and national awareness through participation in EIW as well as through other means.

Finally, regarding MR elimination, ETAGE recommended VPI to update the Regional Committee in 2008 on the process for certification of measles and rubella elimination.

**Vaccine-preventable disease surveillance**

ETAGE recognized that some programmatic gaps impede regional and national efforts to monitor regional progress towards MR elimination and other immunization targets. A key gap is high-quality surveillance for measles, rubella, and CRI. This particularly relates to the lack of standardized data management structures and common reporting tools available to Member States. Such tools would facilitate seamless reporting of the case-based surveillance data from districts to the national level, and finally to the regional office.

Also, ETAGE encouraged VPI and ECDC to advance the dialogue with the European Commission to drive the approval and clearance of communicable disease case definitions as soon as possible. Application of these case definitions - including those for rubella and congenital rubella infection and congenital rubella syndrome at the country and regional levels - will greatly enhance and accelerate surveillance activities for these entities.

Moreover, ETAGE endorsed the continued efforts of VPI to strengthen national VPD surveillance systems through increasing collaboration with partners. These include ECDC, disease specific surveillance networks like EUVacNet and consensus bodies such as the Strategic Advisory Group of Experts (SAGE), MECACAR and other expert committees. These collaborative activities may be boosted by ETAGE members’ advice and experience. They may attend SAGE, for example, and can liaise and advance dialogue with members of other global and regional expert committees to glean experience and practices relevant to the European Region.

ETAGE agreed to review and comment on the document “Indicators for monitoring progress towards elimination and targets consistent with having achieved elimination”. To assist in this review, ETAGE asked VPI to clarify related definitions as appropriate in the context of the regional surveillance environment.

ETAGE endorsed the VPI efforts to pilot the implementation of the indicators outlined in the above document in the European Region as a foundation for certification efforts. ETAGE also welcomed the VPI’s use of this tool as an incentive.
for countries to increase political and resource commitment to strengthen their national VPD surveillance systems.

**Update on global polio eradication and the regional efforts to remain polio-free**

Dr Eugene Gavrilin presented the global polio eradication efforts in 2006-2007 and the regional actions to sustain polio-free status. ETAGE commended the European Region Member States and Regional Office on the five-year polio-free anniversary celebrated in June 2007.

ETAGE recognized the seriousness of the ever-present threat of wild poliovirus importations from the remaining polio-endemic countries. However, ETAGE was encouraged that the regional programme takes actions to prevent this by developing relevant guidelines, acquiring additional financial resources for the polio laboratory network and by developing innovative approaches to ensure maintenance of high-quality surveillance support.

ETAGE endorsed this regional effort and strongly recommended that urgent response to wild poliovirus importation should become an established regional norm.

However, ETAGE agreed that the absence of circulating wild poliovirus, decreased funding support and the attention required to introduce new diagnostic protocols all constitute threats to continued high performance of national laboratories to confirm polio, measles and rubella virus in the Region.

As to what Member States should do to help sustain the regional polio-free status, ETAGE recommended them to follow the WHO recommendation on the use of oral polio vaccine (OPV) or inactivated polio vaccine (IPV) as the vaccines of choice.

Importantly, ETAGE decided to review the WHO global recommendation (a planned outcome of the SAGE in November 2007) for OPV/IPV use at its next meeting to endorse a regional position consistent with the global recommendation.

In general, ETAGE fully endorsed and supported the polio-free plan in its current form with the understanding that periodic updates were be required to reflect future decisions of expert committees.

**Regional overview on GAVI and new vaccine introduction**

**Immunization system strengthening and new vaccines**

Dr Andrei Lobanov presented overviews of the GAVI and new vaccine introduction in the Region and linked these issues to the VPI programme work. VPI is coordinating a broad and comprehensive approach to strengthening national immunization systems. It supports new vaccine introduction by carrying out extensive technical assistance in the GAVI-eligible countries of the Region. The technical assistance is focused on supporting multi-year planning, application development for GAVI awards for immunization systems strengthening, health systems strengthening and new vaccine introduction. It is also assisting national efforts to develop vaccine regulations, and assists in areas such as surveillance of adverse events following immunization (AEFI),
vaccine procurement, vaccine management, injection safety and health care waste management.

ETAGE supported VPI’s measured and comprehensive approach to new vaccine introduction, saying it helped prevent confusion and fragmentation in countries considering introducing new antigens into their national immunization schedule. ETAGE further appreciated the VPI efforts to encourage countries to make decisions based on sound scientific evidence and collective programmatic experience.

There is a tendency, however, of countries being reluctant to introduce new vaccines, and ETAGE recognized this development. Many of them lack high-quality and relevant data based on which they can decide an appropriate immunization policy.

ETAGE supported the VPI efforts to encourage countries to take deliberate measures to base new vaccine introduction policies on scientific evidence and merit. ETAGE also welcomed VPI’s encouragement of making policies that are appropriate and consistent with existing national health care delivery systems. Such policies should be supported by financial and infrastructural resources that guarantee long-term sustainability in terms of the availability and supply of vaccines.

While ETAGE welcomed the positive benefits of the GAVI HSS approach to support national immunization programmes; however, it also recognized the need to encourage the use of HSS funds to address key programmatic needs such as surveillance systems strengthening.

Immunization quality and safety

National commitment coupled with VPI technical assistance has led to substantial progress in the area of immunization quality and safety over the past year. Overall, countries have continued to optimize quality and safety of immunization as reflected in the increased use of auto-disable syringes and the institution of a region-wide surveillance system for AEFI. Another evidence of this is the adoption of a comprehensive approach to health care waste management in seven priority countries.

The regional strategy on Human Papilloma Virus (HPV)

Professor Patricia Claeys presented the regional strategy on HPV. ETAGE recognized the importance of involving global bodies to examine issues related to introducing the HPV vaccine, to provide public health safeguards related to vaccine efficacy and to foster sustainable vaccine delivery.

Related to this, ETAGE encouraged Member States to re-examine the need for proper and targeted surveillance indicators, and to ensure that monitoring systems are in place before vaccine introduction to monitor and evaluate vaccine impact on disease reduction.

ETAGE supported VPI efforts to communicate vaccine efficacy and disease reduction aspects to promote a greater balance and compliance to early detection screening and other prevention protocols.
VPI is working on a regional strategy in this area, and ETAGE committed to a two-week review period to assist VPI in finalizing the strategy before issuing to Member States.

VPI on its side was requested to update ETAGE members about any new scientific information related to HPV efficacy and introduction methods.

**European Immunization Week – 2007 and plans for 2008-2009**

Ms Katrine Habersaat presented the results of the EIW held in April 2007; the lessons learnt and plans for the third EIW, scheduled for 21-27 April 2008. ETAGE appreciated the continued success of EIW as shown by the growth in Member State participation from 9 to 25; the impressive array of country activities and the nature and extent of national resources committed to the initiative.

European Immunization Week has grown considerably in just two years, with 25 Member States now actively engaged, and as such has become a greater success than was predicted. In order to maintain the success gained and ensure a sustainable and quality-assured initiative, ETAGE agreed that VPI should now focus on consolidating its EIW activities rather than expanding its geographical scope. VPI should keep informing and inviting new Member States to join the initiative, but an increase in the number of participating Member States in 2008 should not be a specific criterion for success.

Moreover, ETAGE also supported continued efforts by national programmes to use EIW as a platform to address challenges such as reaching hard-to-reach populations, increasing routine vaccination uptake, strengthening surveillance and other programmatic enhancements.

ETAGE encouraged VPI to explore possibilities of building a network of Member State entities, such as public health associations, which can deal with vaccine manufacturers in a transparent manner in order to guard the integrity and efficacy of EIW. To this end, ETAGE endorsed an annual Region-wide event.

**Technical Session 3:**
**VPI Strategic Plan for 2008 – 2013**

Mr Eric Laurent presented the VPI strategic plan for the five-year-period 2008-2013. ETAGE congratulated VPI on its progress in developing a new five-year strategic plan. ETAGE said the plan constituted a pragmatic document that would help create a stable programme platform and structure in order to better define priorities. The plan will also assist VPI in monitoring programme progress towards its stated goals and to guide resource use through 2013.

While no strategic plan is perfect, ETAGE recognized that the document could benefit from further review from the VPI team, from ETAGE members and from a selected group of partners. ETAGE particularly recommended paying attention to the following areas:
- review programmatic intent and prioritization of elements contained within each strategic objective;
- define baseline surveillance and performance targets to ensure that the purpose is clearly stated. This would also make sure the targets offer Member States a reasonable and feasible challenge;
- rename the strategic area on Integrated Epidemiology and Laboratory Surveillance (strategic area three of the plan);
- revise respiratory diseases sections, including paying special attention to bacterial meningitis and pneumococcal infections;
- better articulate the broad health systems strengthening approach;
- revise new and under-utilized vaccines (put in separate sections), health-care waste management and safe injection areas;
- develop new sections for rotavirus surveillance, diarrhoeal diseases and critical non-disease-specific components such as financial sustainability, advocacy and communications.

In addition to these advices, ETAGE also suggested that VPI revise the strategic plan to reflect a general approach for each strategic area that would encompass the following “pillars”:

- communication: to consider the interests of partners, health care professionals, anti-vaccine groups and the media;
- partnership: to reinforce collaboration, avoid duplication and promote complimentary programs and synergy, and;
- sustainable management: to support planning, networking, training, and evaluation.

ETAGE on its side committed to comment on the VPI strategic plan to the ETAGE chair by 30 September 2007.

As for the time frame for completing the strategic plan, ETAGE endorsed the proposed 31 December 2007 deadline.

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**Key conclusions and recommendations**

ETAGE congratulates the VPI programme and Member States on progress made towards achieving the regional goal of eliminating measles and rubella by 2010, as well as other regional immunization targets.

ETAGE appreciates VPI actions and progress made towards the recommendations put forward at the 6th ETAGE meeting in October 2006.

ETAGE congratulates VPI on the effort to secure financial support for technical assistance and country staff and deems this appropriate to achieve regional goals and objectives.
ETAGE is interested in the VPI financial and human resources profile as required to meet regional mandates, and it requests an overview for discussion at the next meeting.

ETAGE encourages VPI to raise the visibility of its programme by stepping up communication to Member States and donors about VPI progress and achievements in the Region during the past five years.

**WHO commitments by the next ETAGE meeting**

Based on the discussion at the ETAGE meeting, the WHO Regional Office for Europe agreed on a number of commitments, for which progress will be reported at the 8th meeting of ETAGE.

- Describe efforts to improve regional and national surveillance systems for priority VPDs, including innovations in operational strategies for both field investigation and laboratory network components.

- Report on progress of merging Communicable Disease Surveillance and Response (CSR) with VPI, with special attention to challenges and benefits of this integration process to meeting regional goals and objectives.


- Report on efforts to work with other communicable disease programs to create synergies that improve overall health systems performance.

- Report on global and regional efforts to advance commissions for the certification of elimination of measles and rubella.

**Proposed topics for the next ETAGE meeting**

By 1 October, the WHO Regional Office for Europe would circulate suggested agenda topics to ETAGE, which will help make the final selection through a teleconference scheduled for February 2008. The dates for the eight ETAGE meeting – which will be held in June or July 2008 – will be decided by 31 December 2007.

The following topics were discussed at this meeting, and will be taken into consideration when finalizing the agenda:

- HSS and the impact of health sector reforms;
- the impact of cMYP development and use on national immunization program performance;
- an in-depth review of the VPI surveillance strategy for 2008-2013;
- final review and endorsement of the VPI strategic plan;
- review global recommendations on immunization schedules and booster doses;
- review the WHO Regional Office for Europe immunization work plan and budget for the next biennium;
- review of global recommendations for national immunization program consideration for IPV versus OPV in national schedules;
- update of on the planning process supporting the merger of VPI and CSR. (Or endorsement of merger plan.);
- feedback from the November 2007 SAGE meeting.