



# GLOBAL IMMUNIZATION NEWS

*The information contained in this Newsletter depends upon your contributions  
Please send inputs for inclusion to: [nicolash@who.int](mailto:nicolash@who.int)*

**27 May 2009**

---

## **TECHNICAL INFORMATION**

### **HUMAN PAPILLOMAVIRUS VACCINE (HPV)**

**27/05/2009 from Susan Wang, WHO/HQ:**

#### **HPV Surveillance and Monitoring Meeting - 6-7 May 2009**

As of the end of 2007, 10 countries had introduced HPV vaccine in their national immunization schedule. By 2008, the quadrivalent vaccine was licensed in >100 countries and the bivalent vaccine in over 60, including the European Union. HPV vaccines have been recommended for use in public sector health systems in several industrialized countries.

The WHO position paper on the use of HPV vaccine was published in April 2009. Pre-qualification of Gardasil TM (Merck & Co) has been obtained in May 2009 and pre-qualification of Cervarix TM (GSK) is anticipated to occur later in 2009.

Since the vaccine is recommended for a population (e.g. adolescent girls) that has not previously been routinely served by EPI, new approaches to monitoring vaccine impact, coverage, and safety are needed. HPV outcome monitoring involves engaging partners in the fields of immunization, sexually transmitted infections, reproductive health, adolescent health, and cancer. Development of plans which outline the objectives, strategies, responsibilities, and partners for HPV surveillance and monitoring are needed.

A meeting to discuss and outline approaches for HPV outcome monitoring took place in Geneva on 6-7 May 2009. Participants included representatives from WHO, IARC, PATH, CDC, and the National HPV Vaccine Register, Australia. Workgroups were formed to discuss four areas of monitoring: 1) HPV prevalence monitoring, 2) pre-cancerous lesion monitoring and use of cervical cancer registries, 3) HPV vaccine coverage monitoring, and 4) HPV vaccine safety monitoring. There are a number of challenges to monitoring the biological impact of HPV vaccine with regard to evolving test technology, evolving approaches to cervical cancer screening, ability to sample populations, ability to interpret data for a disease which causes morbidity and mortality decades after infection, and so on. Meeting participants agreed that further work is needed to clarify approaches to HPV vaccine impact monitoring. Another meeting in Geneva is planned towards the last quarter of 2009.

### **MATERNAL & NEONATAL TETANUS**

**27/05/2009 from Canan Yilmaz (MoH Turkey) and Jos Vandelaer, WHO/UNICEF HQ:**

**Maternal and Neonatal Tetanus Eliminated in Turkey** - Turkey was recently validated as having eliminated maternal and neonatal tetanus. In a community-based survey in Sirnak Province in February 2009 17 neonatal deaths were identified among 960 live births, of which none were found to have been due to tetanus. Seventy-three percent of births were assisted by a trained health worker, and 59% of mothers had received at least two doses of tetanus-diphtheria (Td) vaccine. The details of the survey can be found in the Weekly Epidemiological Record of 24 April 2009 ([www.who.int/wer](http://www.who.int/wer)). This achievement follows the implementation of three rounds of Td supplemental immunization activities in high risk areas in 60 provinces in 2006-2007, during which over 1.2 million women were immunized in each round. With the validation of Turkey, all countries in the WHO European Region are now considered to have eliminated MNT. Appropriate strategies ensuring that this achievement is maintained need to be continued in all countries.

## **NEW & UNDER-UTILIZED VACCINES IMPLEMENTATION (NUVI)**

**27/05/2009 from Gill Mayers, WHO/HQ:**

The **Global Meeting on Implementing New & Under-Utilized Vaccines** is being held in Montreux, Switzerland from 16-18 June 2009.

The **objectives** of the NUVI meeting are to review and discuss key issues in new and under-utilized vaccine introduction among immunization partners, regions and countries. Particular consideration and review will be given to the following issues:

- Programmatic achievements including progress with implementing the introduction of Hib, pneumococcal, rotavirus and other new and under-utilized vaccines, and prioritizing activities for the next 12 months.
- Integrated approaches to pneumonia and diarrhoea prevention, control and management.
- Understanding the decision-making processes for new vaccines introduction - including strategies for large countries; review of criteria and standards for cost-effectiveness analyses; advocacy with National Immunization Advisory Committees and strengthening of National Regulatory Authorities; and appropriate collection and use of surveillance and impact data.
- Supporting countries in strengthening the introduction processes, with a review of cold chain and logistics needs to enable introduction of new vaccines, and training of first-level health staff among others.
- Crisis and pre-emptive communication in response to adverse events following immunization, anti-vaccination information and rumours.

## **POLIO**

**27/05/2009 from Oliver Rosenbauer, WHO/HQ**

**WHA urges stronger push against polio in endemic countries; warns against complacency in face of influenza**

This year's World Health Assembly (WHA) called for more rapid progress against polio, and warned other priorities such as the prospect of an influenza pandemic cannot be allowed to threaten the goal of attaining a polio-free world.

Opening the WHA, World Health Organization Director-General Dr Margaret Chan said: "I must remind you: we need to finish the job of polio eradication, as guided by the ongoing independent evaluation." Her comments were echoed by United Nations Secretary-General Ban Ki-moon, who assured delegates of his confidence in their ability to win against polio.

Ministers of health expressed 'impatience' (in the words of one delegate) at the continued transmission in northern Nigeria and its international spread. Delegates warned the opportunity to stop polio could be 'squandered', unless local officials in the remaining affected countries are held accountable to achieving high-quality vaccination campaigns.

Delegates underscored their strong, ongoing commitment to polio eradication, and welcomed the range of initiatives (including clinical trials on new vaccines and increased use of serosurveys to guide vaccination strategies) presented in the framework for a new multi-year Strategic Plan. The outcomes of the independent evaluation of the major barriers to eradication will be critical to finalize this Strategic Plan. A proposal was made that the 2010 WHA examine the recommendations of the evaluation, the impact of the Strategic Plan and measures to limit international spread of polio.

Delegates also called for multi-year funding to implement the new Strategic Plan. The Global Polio Eradication Initiative (GPEI) published its latest Finance Resource Requirements and Programme of Work 2009. Activities for 2009 are costed at US\$785 million, part of a two-year US\$1.43 billion budget. For 2009-2010, the GPEI faces a global funding gap of US\$345 million (US\$100 million of which is needed in 2009). More at [www.polioeradication.org](http://www.polioeradication.org).

## **TRAINING & CAPACITY BUILDING**

**27/05/2009 from Monique Berlier, PATH:**

**New online tool for group A meningococcal meningitis and rotavirus decision making**

The Advanced Immunization Management (AIM) e-Learning website recently launched two new modules to help decision making on the introduction of two vaccines – **rotavirus** and a new **group A meningococcal meningitis conjugate vaccine**. The meningitis vaccine module is available in English and French.

The modules provide comprehensive information from basic disease characteristics through immunization session planning; these interactive online tools are primarily aimed at immunization programme managers but will also be useful for country programme officers, medical providers, public health educators, and public health managers.

Developed by PATH and partners, the AIM e-Learning site also features modules on:

**Hepatitis B** vaccine (also in French and Russian)

**Immunization financing** (also in French, Russian and Bahasa Indonesia), and an Excel tutorial to assist with Immunization Financing (also in French).

An updated module on **Japanese encephalitis** vaccine and a new module on strategic planning for measles control are forthcoming.

The group A **meningococcal meningitis** conjugate vaccine AIM module is online at <http://aim.path.org/en/vaccines/mening/index.html>

The **rotavirus** AIM module is available at <http://aim.path.org/en/vaccines/rota/index.html>.

Both modules are also available on CD upon request to [info@aim.path.org](mailto:info@aim.path.org).

The AIM homepage address is [www.aim.path.org](http://www.aim.path.org)

## VACCINE PROCUREMENT

**27/05/2009 from Miloud Kaddar, WHO/HQ:**

**EMRO study on vaccine pooled procurement** - WHO EMRO has been undertaking phase one of a feasibility study to investigate possible options for improving procurement of vaccines and related consumables in the Region. WHO EMRO are considering alternate procurement mechanisms including possible options for centralized pooled procurement to ensure the procurement of quality vaccines and immunization injection supplies at the most competitive prices and in a sustainable manner.

WHO EMRO has formed a Co-ordination Committee to guide the feasibility study. This committee, in addition to high level EMRO staff, includes representatives from EMRO countries, UNICEF SD, PAHO, CDC and WHO HQ. Phase one of the feasibility study was presented on 20 May to a side meeting of the Ministers of Health from the EMRO Region during the WHA. The Ministers support the extension of the feasibility study (phase two) to include more in-depth analysis of the strengths and challenges of the possible options, and to scale up capacity building in the region. The results of phase two of the feasibility study will be presented to the EMRO Regional Committee in October 2009.

## WORLD HEALTH ASSEMBLY

**27/05/2009 from Hayatee Hasan, WHO/HQ:**

The 62nd session of the World Health Assembly takes place in Geneva from 18-22 May 2009. Among topics to be discussed at the Health Assembly is pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits. The Department of Immunization, Vaccines and Biologicals (IVB) is actively working with partners on vaccine development, licensing, production and supply. Information is available on the WHO web site at

[http://www.who.int/csr/resources/publications/swineflu/vaccine\\_virus\\_development/en/index.html](http://www.who.int/csr/resources/publications/swineflu/vaccine_virus_development/en/index.html) and [http://www.who.int/csr/disease/swineflu/frequently\\_asked\\_questions/vaccine\\_preparedness/en/index.html](http://www.who.int/csr/disease/swineflu/frequently_asked_questions/vaccine_preparedness/en/index.html)

Like every year, IVB has an information stand at the Assembly to raise awareness of the wide-ranging aspects of the Department's work. This year's theme is "Vaccines of assured quality", with the slogan *Any way you look at it... vaccine quality is critical*. A short brochure explaining key elements of IVB's work in respect of generating vaccine standards, ensuring global access to quality vaccines, and managing the vaccine safety concerns that can now cross the globe in minutes has been produced in both English and French. More information can be found on the IVB web site at

[http://www.who.int/immunization/newsroom/vaccines\\_of\\_assured\\_quality/en/index.html](http://www.who.int/immunization/newsroom/vaccines_of_assured_quality/en/index.html)

Following the Assembly, the 125th session of the WHO Executive Board takes place on 23 May 2009. A report on the global elimination of measles is due to be discussed by delegates at the meeting. The report summarizes the progress and challenges towards achieving the regional measles elimination goals and reducing global measles deaths by 90% between 2000-10. The report also highlights the programme of work initiated by WHO to examine issues relating to the feasibility of a global measles elimination goal including reviewing the biological aspects and cost-effectiveness of such a goal. The Secretariat report submitted to the Executive Board is available at [http://www.who.int/gb/ebwha/pdf\\_files/EB125/B125\\_4-en.pdf](http://www.who.int/gb/ebwha/pdf_files/EB125/B125_4-en.pdf)

## YELLOW FEVER

**27/05/2009 from Jinho Shin, WHO/HQ:**

**WHO Initiates revising regulatory guidance for quality, nonclinical and clinical evaluation of yellow fever vaccine**

WHO's Expert Committee on Biological Standardization (ECBS)

[http://www.who.int/biologicals/expert\\_committee/en/](http://www.who.int/biologicals/expert_committee/en/) - Working Group on Technical Specifications for Manufacturing and Evaluating Yellow Fever Vaccine discussed in May 2009: i) latest developments and issues in manufacture and quality control and ii) issues of nonclinical and clinical evaluation of a yellow

fever vaccine intended for obtaining marketing approval based on 17D-lineage vaccine strain. The objective of the meeting was to initiate revising WHO written standards for yellow fever vaccine published in 1998

[http://www.who.int/biologicals/publications/trs/areas/vaccines/yellow\\_fever/en/index.html](http://www.who.int/biologicals/publications/trs/areas/vaccines/yellow_fever/en/index.html).

The Working Group agreed on drafting a proposed revision of these standards by updating general considerations, geneology of 17D vaccine seeds, manufacturing recommendations, and by adding nonclinical and clinical evaluation sections. For further information about the working group meeting, please contact: [shinj@who.int](mailto:shinj@who.int).

Yellow fever, a viral hemorrhagic fever transmitted by mosquitoes, continues to be a public health threat in many African and South American countries. There are 44 endemic countries with a population of 897 million people at risk. A Yellow Fever Initiative, led by WHO and UNICEF with the support of the GAVI Alliance, has now been launched with the aim of dramatically reducing the risk of yellow fever outbreaks in 12 endemic countries in Africa through the vaccination of 48 million people over the coming four years until 2013. Yellow fever vaccine production has tripled since 2001, but there is still a greater demand than available vaccine - especially for African countries. This increasing demand poses a particular problem of rapid decrease in vaccine seed lot reserve. So far yellow fever vaccine is the only vaccine subject to WHO approval under the International Health Regulation (IHR). The revision of the WHO written standard is envisaged to address quality issues regarding vaccine seed lot and to better serve a contemporary technical basis for WHO approval of yellow fever vaccines for travellers.

## **PUBLICATIONS**

### **CDC'S PINK BOOK**

**29/05/09 from Russell Robin, Public Health Foundation:**

**CDC's Epidemiology and Prevention of Vaccine-Preventable Diseases, 11<sup>th</sup> Edition (The Pink Book) is now available for Pre-Ordering.**

"The Pink Book" is now available for pre-ordering from the Public Health Foundation (PHF). This resource provides physicians, nurses, nurse practitioners, physician assistants, pharmacists, and others with comprehensive information on vaccine-preventable diseases. The new 11<sup>th</sup> edition contains the latest information and updates on immunization, including:

- Revised principles of vaccination
- Updated recommendations on immunization
- New immunization strategies for healthcare practices and providers
- Guidelines on vaccine safety

This essential resource can be pre-ordered online by visiting the PHF online store at

<http://bookstore.phf.org>. Additional ordering information is available by calling PHF toll-free at (877)252-1200 for full instructions.

### **WHO PUBLISHED DOCUMENTS**

**29/05/09 from Mario Conde, WHO/HQ:**

**Proceedings of the Eighth Global Vaccine Research Forum and Parallel Satellite Symposia 2008 (WHO/IVB/09.04)**

The meeting served as a forum for WHO and other partners to discuss research and development issues, to exchange views on research agendas and to monitor progress of the R&D Task Force. Moreover, the meeting was a forum to discuss broader issues of vaccine policy and implementation. The report provides a summary of the meeting presentations and discussions which focused on Pandemic Influenza vaccines, development of vaccines against HIV and Tuberculosis, access to immunization, therapeutic vaccines, vaccination of special groups, and an update on vaccines against GAVI priority diseases.

This IVB document is now online: [http://whqlibdoc.who.int/hq/2009/WHO\\_IVB\\_09.04\\_eng.pdf](http://whqlibdoc.who.int/hq/2009/WHO_IVB_09.04_eng.pdf)

**Global pandemic influenza action plan to increase vaccine supply: progress report 2008 (WHO/IVB/09.05)**

In May 2005, the World Health Assembly requested WHO to seek urgent solutions with partners to address the global shortage of influenza vaccines for both epidemics and for pandemic preparedness. Months later, a landmark consultation brought together all stakeholders in the race against an influenza pandemic to identify the most promising ways to increase the availability of pandemic influenza vaccine. Participants adopted the Global Pandemic Influenza Action Plan (GAP), with a three-tiered agenda to (i) increase seasonal vaccine use; (ii) increase influenza vaccine production; and (iii) further research and development. This report summarizes WHO progress to meet the overall objective of increased availability of pandemic influenza vaccine in the event of a pandemic.

This document is available online: [http://whqlibdoc.who.int/hq/2009/WHO\\_IVB\\_09.05\\_eng.pdf](http://whqlibdoc.who.int/hq/2009/WHO_IVB_09.05_eng.pdf)

**Post-marketing surveillance of rotavirus vaccine safety (WHO/IVB/09.01)**

The manual provides a review of current knowledge related to the safety of rotavirus vaccine and suggests approaches for monitoring it after vaccine introduction in a country.

This document is available online on: [http://whqlibdoc.who.int/hq/2009/WHO\\_IVB\\_09.01\\_eng.pdf](http://whqlibdoc.who.int/hq/2009/WHO_IVB_09.01_eng.pdf)

**Report of the meeting with international partners on prospects for influenza vaccine technology transfer to developing countries. 27-28 November 2008. Pune, Maharashtra, India (WHO/IVB/09.06)**

This report looks at the purpose of the meeting to raise awareness about this WHO technology transfer project and to potentially attract funds from potential philanthropic donors and development agencies.

The report is available online on: [http://whqlibdoc.who.int/hq/2009/WHO\\_IVB\\_09.06\\_eng.pdf](http://whqlibdoc.who.int/hq/2009/WHO_IVB_09.06_eng.pdf)

**29/05/09 from Lidija Kamara, WHO/HQ:**

**Financial Sustainability for Immunization in the Poorest Countries**

This publication is a product of a joint collaboration between GAVI and WHO on "*Financial Sustainability for Immunization in the poorest countries: lessons from GAVI 2000-2006*" and now available from GAVI on: [http://www.gavialliance.org/media\\_centre/publications/FTF\\_Task\\_Force\\_Report.php](http://www.gavialliance.org/media_centre/publications/FTF_Task_Force_Report.php) and/ or from the WHO Immunization Financing Website at

[http://www.who.int/immunization\\_financing/analysis/fctc\\_report\\_web\\_simple\\_pages.pdf](http://www.who.int/immunization_financing/analysis/fctc_report_web_simple_pages.pdf)

**GAVI-RELATED INFORMATION**

**GAVI INDEPENDENT REVIEW PROCESS**

**29/05/09 from GAVI:**

Applications for GAVI support were received by 15 May 2009, and are currently being pre-assessed, before the GAVI Independent Review Committee meets from 29 May - 12 June 2009. Below is a summary of applications received:

Country	Support				
	HSS	CSO	ISS	Hib	PCV
Benin	Resubmission				New
Burundi		Response to Conditions			
Comoros	New				
Cote d'Ivoire			New (2nd ISS)		
Djibouti	Resubmission				
Gambia	Response to Conditions				
Ghana		Resubmission			
Guinea	New		New (2nd ISS)		
India				Response to Conditions	
Madagascar			New (2nd ISS)		
Mali			New (2nd ISS)		Response to Conditions
Mauritania	New				
Mongolia	New				
Myanmar			Response to conditions		
Niger	New				
Nigeria			New (2nd ISS)	New	New
Senegal			New (2nd ISS)		
Sierra Leone					New
Somalia	New				
Togo	Resubmission				
Zimbabwe	New				

**GAVI Review Dates:**

**PROPOSAL REVIEWS - ISS, HSS, INS, New Vaccines & Measles 2<sup>nd</sup> Dose:**

**29 May - 12 June 2009. Submission deadline was: 1 May 2009.**

**19-30 October 2009. Submission deadline: 11 September 2009.**

**6-16 April 2010. Submission deadline: 4 March 2010.**

**25 October - 5 November 2010. Submission deadline: 27 September 2010.**

## MONITORING IRC

**15-30 June 2009 and 21-25 September 2009.**  
**Submission deadline: 15 May 2009 for both rounds.**  
**15-30 June 2010 and 20-24 September 2010**  
**Submission deadline: 14 May 2010 for both rounds.**

## HIB INITIATIVE

### **29/05/09 from Rose Reis, Hib Initiative: Child Pneumonia & Advocacy**

To encourage local advocates to raise awareness about child pneumonia, the Hib Initiative offered small grants to influential health professionals in India. In Uttar Pradesh, a local pediatrician advocate is leading a multipronged campaign entitled "Drive Pneumonia Away". To create and improve awareness about the impact of pneumonia as a major killer of children he has organized stakeholder meetings, press briefings and an educational rally of 500 schoolchildren. The doctor's campaign advocates for increased breastfeeding, improved nutrition, pollution prevention, and expanding the role of routine and pneumonia-specific vaccination. Another small grant project in Tamil Nadu is bringing field workers together to learn about pneumonia prevention, diagnosis and treatment. This programme is expected to continue with a pneumonia and diarrhea focus through 2009 as more advocates hear about these experiences and plan activities of their own.

### **Outreach in Middle Income Countries in the Arab World**

At a recent meeting in Amman, Jordan, the Hib Initiative organized a press briefing and supported the heads of the Union of Arab Pediatricians, the Pan Arab Pediatric Infectious Disease Society on Immunization and the International Pediatric Association to issue their call for action for Arab leaders and stakeholders to provide new vaccines for all Arab children. The meeting, 'Vaccination for the Next Decade in the Arab World', sought to build awareness about the value of vaccination, and vaccine-preventable morbidity and mortality in the Arab world. Coverage from the BBC, Al Jazeera and leading local broadcast and print media in the region pointed to the disparities of vaccine coverage in that region. While low and high income countries are introducing new vaccines, either financed on their own or with support of international donors, children in low middle income countries are potentially falling through the cracks.

## COUNTRY INFORMATION<sup>1</sup> BY REGION

### AFRICA

#### REGIONAL INFORMATION

##### **27/05/2009 from Cristiana Toscano, WHO/HQ:**

The **Central African Surveillance Enhancement Project** is a five-year surveillance demonstration project in three countries in the Central African sub-region (Cameroon, Central African Republic and the Democratic Republic of Congo). This sub-region has been chosen because of its epidemiologic importance in terms of burden of infectious disease, and occurrence of disease outbreaks including emerging infections, and its resultant need to generate and use high-quality surveillance data to guide decision-making for disease control. The goals of this proposed project are to work with existing programmes to (1) strengthen surveillance and response capacity and quality through training (via a regional Central African Field Epidemiology and Laboratory Training Program (CAFELTP), infrastructure improvements and other measures, (2) strengthen the implementation of high-quality surveillance and response for vaccine-preventable diseases (VPDs), epidemic-prone diseases (EPDs), and other priority

<sup>1</sup> HSS= Health Systems Strengthening;  
ICP = Inter Country Programme;  
ISS = Immunization Services Support;  
INS = Injection Safety Support;  
NVS = New Vaccine Support;  
DQA = Data Quality Audit;  
DQS = Data Quality Self Assessment;  
FSP = Financial Sustainability Plan;  
RED = Reach Every District;  
cMYP = Fully costed multi-year plan;

diseases/syndromes, and (3) develop the capacity for advocacy to sustain surveillance and response activities.

An initial meeting with all project partners took place in Brazzaville on 21-22 April 2009. The Project Management Team and Steering Committee met to plan and agree on activities to be conducted in 2009 and discuss next steps for detailed assessment of each of the country's surveillance systems, and development of surveillance workplans. The project workplans will be formulated based on an assessment of surveillance and response capacities in each country. This assessment will provide the baseline information needed to determine the specific activities required to fill identified surveillance gaps and to monitor progress. The assessment will review existing surveillance systems; epidemiologic, laboratory, data management and communications infrastructure; surveillance and programme plans; ongoing surveillance and response activities; the quality of currently generated data, and guide the development of the CAFELTP. The assessment tool is currently being developed taking into consideration various existing assessment guidelines and the IHR assessment protocol. Field assessments in the three countries will take place during June - August 2009.

**27/05/2009 from Auguste Ambedet, WHO IST/Central:**

The **West & Central African Sub-Regional Immunization Working Group** held its first meeting of the year on 11 April 2009 in Ouagadougou, Burkina Faso. The main purpose of this meeting was to provide updates on achievements in 2008, and adopt measures to be taken in 2009. WHO/AFRO, ICP Central and ICP West, UNICEF WCARO, GAVI Secretariat, AMP, ImmunizationBASICS, SABIN Institute, OOAS, and EPI Guinea took part in the meeting chaired by Dr Norbert Ngendabanyikwa, IVD Focal Point in WHO ICP Central.

**CENTRAL AFRICAN REPUBLIC**

**27/05/2009 from Auguste Ambedet, WHO IST/Central: A post-introduction evaluation of the pentavalent vaccine** is planned in August 2009.

**CHAD**

**27/05/2009 from Pierre Kandolo, WHO IST/Central: A post-introduction evaluation of the pentavalent Hib-containing vaccine** was conducted from 28 April - 10 May 2009. It is the first time that the evaluation tool has been tested in French. This was a collaborative effort involving the Ministry of Health, WHO and UNICEF. The report will be available shortly.

**DR CONGO**

**27/05/2009 from Auguste Ambedet, WHO IST/Central: A post-introduction evaluation of the pentavalent vaccine** is planned for October 2009.

**GAMBIA**

**27/05/2009 from Femi Oyewole, WHO IST/West:**

- **Fully liquid pentavalent vaccine** was introduced on 1 April 2009.
- Supplementary funds received from GAVI for the introduction of **pneumococcal vaccine** will be used to construct and install six waste disposal units. This is planned to be launched at the end of June, and a consultant is being identified locally to support the pre-introduction activities.

**NAMIBIA**

**27/05/2009 from Mutale Mumba, WHO IST/East & South:** Namibia will introduce Hepatitis B and Hib vaccines in a liquid-lyophilized **pentavalent** combination in July 2009. Training of health workers on pentavalent vaccine was conducted in April 2009, and has been cascaded to lower levels. With Namibia introducing Hepatitis B in July, all countries in East and Southern Africa will have introduced Hepatitis B in their national immunization programmes.

**RWANDA**

**27/05/2009 from Richard Mihigo, WHO/AFRO and Thomas Cherian, WHO/HQ:**

**Introduction of pneumococcal conjugate vaccine (PCV7) into the routine immunization programme in Rwanda** - Rwanda made history on 25 April 2009, when it administered the first dose of pneumococcal vaccine as part of its routine infant immunization programme. While 36 high- and middle-income countries around the world currently provide routine childhood immunization against pneumococcal disease, the introduction of the vaccine in Rwanda signals a new era in vaccine access and delivery in the developing world.

The historic first immunization was cause for a national celebration, which was held at the Ruhuha Health Centre in Bugesera district on 25 April 2009, with a high profile launching ceremony that was presided by

the Hon. Minister of Health, Dr Richard Sezibera. Other high level attendance included the permanent Secretary for Health, the CEO of the GAVI Alliance, The Vice President and Head of Wyeth Vaccines, the US Ambassador and representatives from several local and international partners, including WHO and UNICEF. This is indeed cause for celebration among the global health community as well. Rwanda's introduction of pneumococcal vaccine into its national immunization programme and the approval of 11 of 72 GAVI-eligible countries to receive assistance to do the same represent a new era of hope for the world's children and the potential to save nearly one million children per year. The introduction started in one province, and the roll-out for the entire country is planned for June 2009.



### SEYCHELLES

**27/05/2009 from Yves Chartier, WHO/HQ:**

**Health care waste treatment in Seychelles:** Improper health care waste treatment poses risks to health workers and the community in general. Though most wards and outpatient facilities use safety boxes, some unsafe injection practices are still observed. Seychelles, being small, has one final disposal site where health care waste is incinerated using a liquefied petroleum gas incinerator, however, concerns have been expressed about the emissions produced, and the hospital requested WHO to assist in investigating the situation and proposing improvements. WHO Geneva, in collaboration with the WHO country office will provide technical assistance from 22 June - 7 July 2009 to the Ministry of Health and Social Development to assess the health care waste management system for addressing emissions from the hospital incinerator. National staff will also be trained.

### SWAZILAND

**27/05/2009 from Mutale Mumba, WHO IST/East & South:** The country introduced the **Hib** vaccine on 18 May 2009. In preparation for introduction, training of health workers was conducted during 27-30 April 2009, and has been cascaded to the lower levels. The country will introduce Hib in a fully liquid pentavalent vaccine.

### TANZANIA

**27/05/2009 from Mutale Mumba, WHO IST/East & South:** The country introduced the **pentavalent vaccine** nationwide on 1 April 2009. Professor David Mwakyusa, Minister of Health, officiated at the launch on 30 March 2009 in Mainland Tanzania, while his counterpart in Zanzibar, Mr Sultani Mohamed Mugheir officiated at the launch on the Island on 1 April 2009.

### ZAMBIA

**27/05/2009 from Mutale Mumba, WHO IST/East & South:** Zambia conducted a **post-introduction evaluation** of the switch from liquid-lyophilized to fully liquid **pentavalent vaccine** in February 2009. This was a collaborative effort involving the Ministry of Health, WHO, UNICEF, USAID/HSSP and CDC. The report will be available shortly.

### ZIMBABWE

**27/05/2009 from Mutale Mumba, WHO IST/East & South:** Zimbabwe conducted a comprehensive **EPI review** from 30 April - 11 May 2009. The report is being prepared and will be available shortly.

**REGIONAL INFORMATION****29/05/09 from Beatrice Carpano & Carolina Danovaro, PAHO:****Vaccination Week in the Americas (VWA)**

The Regional launch of the 2009 VWA took place through three successive events in the South American Chaco, the border area shared between Argentina, Bolivia, and Paraguay. In the morning of 26 April, the first of three events was held in Mariscal Estigarribia, Paraguay, followed by an afternoon celebration in Yacuiba, Bolivia, and a third celebration in Tartagal, Argentina, on the morning of 27 April. All three events counted on the participation of the highest level authorities, including the President of the Republic of Paraguay, Fernando Lugo, the Japanese, Spanish, and United States ambassadors to Paraguay, Representatives from JICA and USAID (participants in Mariscal Estigarribia event only), the Ministers or Vice-Ministers of Health of all three countries, and other high-level governmental health authorities, PAHO's Director, UNICEF and UNAIDS Regional Directors, high-level authorities from UNDP and the United States Centers for Disease Control and Prevention, as well as many community leaders and local residents. Additional VWA launching events were held on the borders between the United States and Mexico, El Salvador and Honduras, and Peru, Bolivia, and Chile. Finally, for the first time in 2009, under the framework of both VWA and its sister initiative, European Immunization Week, a technical immunization meeting linking the two WHO Regions was held between Suriname and French Guyana, a French overseas Department.

**Call to Measles-Rubella Surveillance Networks to Strengthen Influenza A(H1N1) Surveillance:**

With the objective of strengthening surveillance for the timely detection of influenza A(H1N1) cases, the Region has called on the measles-rubella surveillance networks of the Americas to actively look for any unusual clusters of influenza-like illness.

<http://www.paho.org/English/AD/FCH/IM/sme1517.pdf>

**Special Issue of the *Immunization Newsletter*:**

The Comprehensive Family Immunization Project will release a special issue of its *Immunization Newsletter* (June) dedicated entirely to the influenza A(H1N1) and providing resources and references for readers to obtain updates. The special issue will be available shortly at [http://www.paho.org/english/ad/fch/im/Epi\\_newsletter.htm](http://www.paho.org/english/ad/fch/im/Epi_newsletter.htm).

**New Vaccine Introduction in the Americas:**

As of May 2009, 11 countries and 1 territory (Brazil, Bolivia, Ecuador, El Salvador, Honduras, Mexico, Nicaragua, Panama, Peru, the United States, Venezuela, and the UK overseas territory of Cayman Islands) are using rotavirus vaccines in their national immunization programmes for all infants. Six countries and one territory are using pneumococcal vaccine for all infants (Canada, Costa Rica, Mexico, Peru, the United States, Uruguay, and the UK overseas territory of Bermuda), while Guyana, Honduras, and Nicaragua plan to introduce the vaccine shortly, using approved GAVI support. Several countries use the pneumococcal vaccine for groups considered to be at higher risk. All countries include Hib vaccine in their routine schedules, except Haiti that is preparing an application for GAVI support to introduce it in 2010. To support surveillance for rotavirus and pneumococcal/Hib disease, several countries participate in a sentinel hospital-based rotavirus surveillance network and in another network for invasive bacterial diseases. The HPV vaccine has been included in the national vaccination schedule in Barbados, Canada, Mexico, Panama, the United States, and the UK territories of Bermuda and Cayman Islands, targeting women in varied age groups.

**ARGENTINA****29/05/09 from Beatrice Carpano & Carolina Danovaro, PAHO:**

**Rubella and CRS Elimination** - In 2006, Argentina conducted a mass vaccination campaign to eliminate rubella and congenital rubella syndrome, targeting women aged 15-39 years. In 2008, the country started vaccinating men aged 16-39 years to interrupt endemic rubella transmission, and achieved a coverage of 80.3% by the end of December 2008. To achieve high coverage, Argentina launched a supplemental vaccination campaign in 2009, targeting men aged 16-39 years. It is expected that with the intensification of supplemental vaccination activities and surveillance the country will finally interrupt endemic rubella circulation. Argentina is the only country in the Americas that has reported confirmed indigenous rubella cases in 2009.

## HAITI

**29/05/09 from Beatrice Carpano & Carolina Danovaro, PAHO:**

**Launching Coverage Survey** - In June 2009, Haiti will start a large coverage survey to evaluate the results of a mass vaccination campaign (measles-rubella for persons aged 1-19 years, OPV for children aged <5 years, and other interventions) that ended in 2008, and to assess the coverage rates for its routine program. The survey is being organized as a collaboration between the Global Immunization Division of the Centers for Disease Control and Prevention (CDC) and the Pan American Health Organization. The sample size was calculated to provide precise coverage estimates by Departmental level and for each of seven communes within the Metropolitan Area of Port-au-Prince. Reported coverage for the mass vaccination campaign was over 100%.

## SOUTH EAST ASIA

### REGIONAL INFORMATION

**29/05/09 from Nihal Abeysinghe, SEARO:**

**Vaccine Prioritization Meeting** - WHO SEAR organized a Vaccine Prioritization Meeting in Bangkok, Thailand from 11-13 May 2009. The meeting brought together the participants from the member countries, global and regional experts in the area of new vaccine introduction, including health economists to examine the available information on vaccine preventable diseases; the currently available and future vaccines, including technologies for vaccine delivery. The group extensively discussed the contribution of these vaccines in reducing the disease burden, cost implications, and the capacity of national programmes to successfully introduce and sustain immunization with these vaccines.

**Introduction of Hib vaccine in the Region:** In the South East Asian region, Sri Lanka introduced pentavalent DTP-HepB-Hib in January 2008; Bangladesh in January 2009; Nepal in April 2009; and Bhutan plans to introduce in September 2009.

**29/05/09 from Joachim Hombach, WHO/HQ:** WHO SEAR and PATH will be organizing the fourth **Bi-Regional Meeting on Japanese Encephalitis Control and Prevention**. The meeting will be held in Bangkok, Thailand from 8-9 June 2009. This year's meeting coincides with the end of the PATH JE Project, and therefore will bring together country participants and experts to:

- review progress made to date;
- agree on the next steps to advance JE on the global development agenda; and
- highlight JE on the development agenda of endemic countries for a sustainable JE control programme in endemic countries.

## NEPAL

**29/05/09 from Nihal Abeysinghe, SEARO:**

**Pentavalent vaccine introduction:** Nepal introduced DTP-HepB-Hib as a combined pentavalent vaccine into its Expanded Programme on Immunization in April 2009. The inauguration in the phase I areas took place on 14 April 2009. The phase I areas covered 25 districts from the Far Western Development Region and the Western Development Region. The Minister of Health in Nepal inaugurated the introduction as the Chief Guest. The introduction in the rest of the 50 districts of the Midwest Development Region, Central Development Region and Eastern Development Region will take place in July 2009.

## LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization				
Title of Meeting	Start	Finish	Location	Region
<b>2009 Meetings</b>				
GAVI Board Meeting	02-Jun	03-Jun	Washington DC	Global
Bi-Regional Meeting on Japanese Encephalitis Control	08-Jun	09-Jun	Bangkok Thailand	SEARO/WPRO
Japanese Encephalitis hands-on lab training	15-Jun	19-Jun	Seoul, Korea	WPRO
Global Meeting on New and Under-Utilized Vaccines Introduction	16-Jun	18-Jun	Montreux, Switzerland	HQ
18th TAG Meeting	30-Jun	02-Jul	Manila, Philippines	WPRO
25th RTAG Meeting	28-Jul	30-Jul	Hammamet, Tunisia	EMRO
Measles hands on lab training	06-Jul	10-Jul	Hong Kong	WPRO
Regional EPI Lab Network Meeting	Sept	Sept	Manila, Philippines	WPRO
16th Meeting of the GAVI Eastern Mediterranean Regional Working Group	07-Sep	08-Sep	Luxor, Egypt	EMRO
15th WPRO Regional Committee Meeting	21-Sep	25-Sep	Hong Kong	WPRO
WHO Regional Committee for the Eastern Mediterranean Regional Office	03-Oct	06-Oct	Cairo, Egypt	EMRO
Intercountry training workshop on surveillance of vaccine preventable diseases and monitoring & evaluation of national immunization programmes	07-Oct	09-Oct	Cairo, Egypt	EMRO
DCD sub regional meeting for countries in South-West Asia (Afghanistan, Iran, Iraq, Pakistan)	18-Oct	20-Oct	Tehran, Iran	EMRO
Strategic Advisory Group of Experts (SAGE) meeting	27-Oct	29-Oct	Geneva	HQ
26th Meeting of the Caribbean Expanded Program on Immunization Managers	16-Nov	20-Nov	tbc	PAHO
GAVI Board Meeting	17-Nov	18-Nov	tbc	Global
GAVI Partners Meeting	18-Nov	20-Nov	tbc	Global
DCD sub regional meeting for countries in the Horn of Africa	23-Nov	25-Nov	Djibouti	EMRO
Global Vaccine Research Forum (GVRF)	06-Dec	10-Dec	Bamako	Global
EMRO Workshop on invasive bacterial diseases surveillance network	15-Dec	17-Dec	Cairo, Egypt	EMRO
PAHO ProVac Meeting on Cervical Cancer Costing	TBD	TBD	Jamaica	PAHO
XVII Meeting of the PAHO Technical Advisory Group on Vaccine-Preventable Diseases	TBD	TBD	Costa Rica	PAHO
Measles/Rubella Laboratory Network Meeting	TBD	TBD	Costa Rica	PAHO
Meeting to Prepare for the Verification of Measles/Rubella-free Status of the Americas	TBD	TBD	Costa Rica	PAHO
Expert Consultation on Mumps	TBD	TBD	Washington DC	PAHO
Data Management Workshop	TBD	TBD	Manila, Philippines	WPRO
<b>2010 Meetings</b>				
Global Immunization Meeting (2010)	01-Feb	03-Feb	CICG, Geneva	Global

## **LINKS RELEVANT TO IMMUNIZATION**

### **GLOBAL WEBSITES**

**Department of Immunization, Vaccines & Biologicals, World Health Organization**

<http://www.who.int/immunization/en/>

**WHO New Vaccines Hib website**

<http://www.who.int/nuvi>

**Agence de Médecine Préventive**

[www.aamp.org](http://www.aamp.org)

**EPIVAC**

[www.epivac.org](http://www.epivac.org)

**GAVI Alliance Website**

<http://www.gavialliance.org/>

**IMMUNIZATIONbasics (JSI)**

[www.immunizationbasics.jsi.com](http://www.immunizationbasics.jsi.com)

**PATH Vaccine Resource Library**

<http://www.path.org/vaccineresources>

**UNICEF Supply Division Website**

[http://www.unicef.org/supply/index\\_immunization.html](http://www.unicef.org/supply/index_immunization.html)

**UNICEF Supply Division Product Menu for GAVI Vaccines**

[http://www.unicef.org/supply/files/Product\\_Menu\\_2007.PDF](http://www.unicef.org/supply/files/Product_Menu_2007.PDF)

**Hib Initiative Website**

<http://www.hibaction.org/>

**Japanese Encephalitis Resources**

<http://www.path.org/vaccineresources/japanese-encephalitis.php>

**Malaria Vaccine Initiative**

<http://www.malariavaccine.org>

**Measles Initiative**

[www.measlesinitiative.org](http://www.measlesinitiative.org)

**Meningitis Vaccine Project**

<http://www.meningvax.org/index.htm>

**PneumoADIP**

[www.preventpneumo.org/](http://www.preventpneumo.org/)

**RotaADIP**

<http://www.rotavirusvaccine.org/>

**RHO Cervical Cancer (HPV Vaccine)**

<http://www.rho.org>

**WHO/ICO Information Center on HPV and Cervical Cancer**

<http://www.who.int/hpvcentre/en/>

**SIGN Updates**

[www.who.int/entity/injection\\_safety/sign/en/](http://www.who.int/entity/injection_safety/sign/en/)

**Technet**

<http://www.technet21.org/>

**REGIONAL WEBSITES****New Vaccines in AFRO**

<http://www.afro.who.int/newvaccines/>

**PAHO's website for Immunization**

<http://www.paho.org/english/ad/fch/im/Vaccines.htm>

**Vaccine Preventable Diseases in EURO**

<http://www.euro.who.int/vaccine>

**New Vaccines in SEARO**

<http://www.searo.who.int/en/section1226.asp>

**Immunization in WPRO**

[http://www.wpro.who.int/health\\_topics/immunization/](http://www.wpro.who.int/health_topics/immunization/)

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

[http://www.paho.org/english/ad/fch/im/Epi\\_newsletter.htm](http://www.paho.org/english/ad/fch/im/Epi_newsletter.htm)

Produced by WHO, in collaboration with UNICEF and the GAVI Alliance:

