



# GLOBAL IMMUNIZATION NEWS

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**30 October 2008**

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## **TECHNICAL INFORMATION**

### **HUMAN PAPILLOMAVIRUS**

**30/10/08 from Silvana Luciani, PAHO:**

#### **Countries Pledge New Action to Prevent Cervical Cancer - Ministers of Health from Throughout the Americas Endorse New Regional Strategy to Prevent Cervical Cancer Using New Technologies**

At the recent 48<sup>th</sup> Directing Council of the Pan-American Health Organization, 29 September - 3 October 2008, the Ministers of Health of all countries in the Americas reviewed and endorsed a Regional Strategy and Plan of Action for Cervical Cancer Prevention. This will give priority to cervical cancer prevention on the national public health agendas of these countries, and revitalize cervical cancer prevention and control programmes through an integrated package of services: health information and education; screening and pre-cancer treatment; invasive cervical cancer treatment and palliative care; and evidence-based policy decisions on whether and how to introduce human papillomavirus (HPV) vaccines.

Countries committed to work towards undertaking a seven-point plan of action which involves conducting a situation analysis; intensifying information, education and counselling; scaling up screening, considering alternative methods and linking to pre-cancer treatment; strengthening information systems and cancer registries; improving access to and quality of cancer treatment and palliative care; generating evidence to facilitate decision-making regarding HPV vaccine introduction; and advocating for equitable access and affordable HPV vaccines.

This endorsement of a Regional Strategy and adoption of a resolution on cervical cancer prevention and control has the potential to significantly stimulate and accelerate the introduction of new screening technology and HPV vaccines into programmes throughout Latin America and the Caribbean.

### **MATERNAL AND NEONATAL TETANUS**

**30/10/08 from Diana Chang Blanc, UNICEF/EAPRO & Sigrun Roesel, WHO/WPRO:**

UNICEF/EAPRO, in collaboration with WHO, organized a regional workshop in Bangkok, Thailand from 7-9 October 2009, on Maternal and Neonatal Tetanus Elimination in the Countries of East Asia and the Pacific region. MOH representatives from eight countries where MNT remains endemic (Cambodia, China, Indonesia, Laos, Myanmar, Papua New Guinea, Philippines and Vietnam), as well as WHO/UNICEF and CDC staff, participated in the hands-on workshop. The workshop focused on district-data analysis to identify high-risk districts, promoted sharing country experiences in their progress toward achieving MNT elimination, and provided technical updates. Countries are tackling the problem through a range of interventions that promote antenatal contacts, tetanus immunization through routine and supplementary immunization, and clean or institutional deliveries.

The workshop included a combination of technical presentations, case studies and small group work and specific country discussion. The workshop further enhanced the understanding of participating national immunization programmes on the key challenges, strategies and specific requirements of MNT elimination.

It is believed MNT elimination can be achieved globally by 2012, provided sufficient funding and political will can be secured.

## **HIB INTRODUCTION MEDIA COVERAGE**

**30/10/08 from Judy Heck, JHU:**

Progress of adoption of Hib vaccine in the Asia region has recently been reported in the local and international press through print, radio and film. To bring media attention to childhood pneumonia prevention and recent decisions regarding Hib vaccine, the Hib Initiative has facilitated reporting of this progress in adoption of Hib vaccine with the press and child health advocates in Pakistan and Cambodia. The article, video and radio programme are available on the Hib Initiative's home page at [www.hibaction.org](http://www.hibaction.org)

## **MEASLES**

**30/10/08 from Hayatee Hasan, WHO/HQ:**

### **Partners for Measles Advocacy, 8th Annual Meeting (23-24 September)**

More than 75 participants — including representatives from WHO, UNICEF, US Centers for Disease Control and Prevention, American Red Cross, United Nations Foundation, donors, industry, countries and NGOs — attended the two day meeting in Washington to:

- Report on the progress towards the 2010 goal to reduce global measles deaths by 90%;
- Explore additional integration of health initiatives; and
- Discuss resource mobilization and communications activities.

To view the meeting agenda and presentations, visit: <http://www.measlesinitiative.org/agenda.asp>

### **Measles Initiative Statement: Urgent Funding Needed to Reach the 2010 Measles Goal**

Partners meeting in Washington at the 8th annual Measles Initiative advocacy meeting highlighted that the funding for measles activities in 2009-10 has not been fully secured as donors have not kept pace with country demands for support for this important public health programme. So the recent gains in measles control are in danger of being lost, which increases the risks of outbreaks and disease importations. To date, all countries in the world but one have implemented the measles reduction strategy. The world's success in reaching the measles goal also depends on one country, India, according to the Measles Initiative partnership. Measles is a major cause of childhood mortality and morbidity in India due to persistently low vaccination coverage and the lack of a second opportunity for measles immunization. For more information, visit: [http://www.redcross.org/pressrelease/0,1077,0\\_314\\_8274,00.html](http://www.redcross.org/pressrelease/0,1077,0_314_8274,00.html)

### **US \$9 Million Committed to Bolster Worldwide Measles Initiative**

The Measles Initiative announced US \$9 million worth of donations from the Vodafone Foundation-United Nations Foundation Technology Partnership, Merck & Co, Inc., the Kessler Family Foundation and the American Red Cross. This support will help to enable the Measles Initiative to vaccinate an estimated 76 million children in 25 countries during 2009. "Measles deaths have declined 68% globally since the Measles Initiative partnership began in 2001," says Michele Kessler, American Red Cross Global Measles Ambassador and founder of the Kessler Family Foundation. "But a funding gap for 2009 means we are in danger of losing our momentum. These commitments will help reduce that gap and allow us to continue saving lives." For more information, visit: [http://www.redcross.org/pressrelease/0,1077,0\\_314\\_8239,00.html](http://www.redcross.org/pressrelease/0,1077,0_314_8239,00.html)

## **POLIO**

**30/10/08 from Oliver Rosenbauer, WHO/HQ:**

### **Polio Eradication – New England Journal of Medicine Publishes Studies Affirming Technical Feasibility of Polio Eradication**

On 16 October 2008, two important new studies affirming the technical feasibility of polio eradication were published in the New England Journal of Medicine. The first, by researchers from the Egyptian Ministry of Health and Population and from three universities (Ain Shams, Alexandria and Cairo) along with other national and international counterparts, demonstrates a doubling of seroconversion rates against wild poliovirus type 1 (WPV1) in newborn children receiving monovalent oral polio vaccine type 1 (mOPV1), as compared to trivalent OPV (tOPV). The second study, by researchers from Imperial College London, evaluates the protective efficacy of mOPV1 against paralysis due to WPV1 through a matched case-control study in northern Nigeria. The study found the protective efficacy of mOPV1 to be four times that of tOPV.

The programmatic implications of these studies are significant to the global effort to eradicate polio, providing clear evidence of the effectiveness of mOPV1. The seroconversion results indicate that in key endemic areas, such as northern India, the immunity gap against WPV1 in the youngest children (who are most vulnerable to polio) can be bridged more rapidly by mOPV1. The case-control study results from northern Nigeria show that mOPV1 is a highly effective tool against WPV1, with the capacity to stop this year's outbreak of type 1 polio if vaccination campaign operations are improved.

With the technical feasibility of polio eradication now fully confirmed, all efforts must be made to rapidly overcome the operational challenges to reaching every child in the remaining endemic areas of northern Nigeria, India, Pakistan and Afghanistan. Key to achieving this is full political ownership and engagement at

every level. The World Health Organization (WHO) - together with its partners at Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF - will continue to support countries in their polio eradication efforts. For further information – including in-depth summaries of each study – please visit [www.polioeradication.org](http://www.polioeradication.org).

## ROTAVIRUS

**30/10/08 from Duncan Steele, RotaADIP:**

### **Merck's RotaTeq® Vaccine Earns WHO Prequalification**

WHO has placed RotaTeq®, the rotavirus vaccine manufactured by Merck & Co., on its list of prequalified vaccines ([http://www.who.int/immunization\\_standards/vaccine\\_quality/pg\\_suppliers/en/index.html](http://www.who.int/immunization_standards/vaccine_quality/pg_suppliers/en/index.html)) for purchase by UN agencies as of October 2008. WHO's prequalification of RotaTeq® is a major step in accelerating the availability of rotavirus vaccines in the developing world. The Rotarix® vaccine manufactured by GlaxoSmithKline (GSK) achieved prequalification in January 2007.

"Vaccines are the best hope for preventing severe rotavirus disease," said John Wecker, PhD, Director of the PATH Rotavirus Vaccine Program (RVP). "WHO's prequalification of RotaTeq® is an important milestone towards ensuring that rotavirus vaccines are accessible to children worldwide."

RVP is collaborating with Merck (RotaTeq®) and GSK (Rotarix™) to generate important efficacy and safety data through clinical trials in South Africa, Malawi, Ghana, Mali, and Kenya in Africa with both vaccines, and Bangladesh and Vietnam in Asia with RotaTeq. Full study results are expected by Q4 2008 and Q3 2009, respectively.

### **Phase II Study Investigating the Safety and Immunogenicity of the GSK Human Monovalent Rotavirus Vaccine (Rotarix™) in HIV-Infected Infants in South Africa**

The above study has been completed and the results will be reported at the 48th ICAAC meeting in Washington DC, 25-28 October, 2008. The results demonstrate that Rotarix™ vaccine was well tolerated and immunogenic when co-administered with routine childhood vaccines in HIV-infected infants in South Africa. In addition, the rotavirus vaccine did not impact the clinical status of the HIV-positive infants.

## VACCINE RESOURCES

**30/10/08 from Allison Clifford, PATH:**

### **PATH Launches New Vaccine Resource Library**

PATH is pleased to announce the launch of its redesigned and upgraded Vaccine Resource Library (VRL). The VRL seeks to gather the leading immunization resources in a single, easy-to-use website. Visitors will find the new website flexible and easier to navigate. The VRL offers a wide variety of high-quality, scientifically accurate documents and links on specific diseases and topics in immunization. Materials on the site are collected from a variety of sources, such as news media, scientific journals, and leaders in public health. Subjects range from diseases and vaccines such as influenza, hepatitis B, and rotavirus, to related immunization topics such as injection safety, service delivery, and immunization financing. The VRL is geared for health professionals in the developing and industrialized worlds, as well as journalists, policymakers, community leaders, parents, and anyone else interested in vaccine-related resources.

Visit PATH's new Vaccine Resource Library at: [www.path.org/vaccineresources/](http://www.path.org/vaccineresources/)

## PUBLICATIONS

### POSITION PAPER

#### **Revised WHO Position Paper on the 23-Valent Non-Conjugated Pneumococcal Polysaccharide (PPV23) Vaccine**

The paper was published in the WHO Weekly Epidemiological Record on 17 October at <http://www.who.int/wer/2008/wer8342.pdf>

It concerns the use of PPV23 in adults and children aged  $\geq 2$  years, and replaces the WHO position paper of 2003. Available data on the efficacy and effectiveness of PPV23 are inconsistent, and are heavily influenced by the varying quality of individual studies. On balance, the results of randomized controlled trials (RCTs) and meta-analyses of such trials are consistent with a protective effect against invasive pneumococcal disease (IPD) and all-cause-pneumonia among healthy young adults as well as a lesser degree of protection against IPD in individuals older than 65 years of age. However, RCTs fail to demonstrate efficacy against IPD or all-cause-pneumonia in individuals with immunocompromising conditions, regardless of age. On the other hand, most observational studies suggest considerable effectiveness of PPV23, not only in healthy adults but also in some high-risk populations. As a basis for the conclusions of this revised policy paper the results of RCTs were accorded higher scientific weight than were the results of observational studies.

PPV23 has not been shown to reduce the risk of community-acquired pneumonia associated with seasonal or pandemic influenza. Also, there is insufficient evidence of a beneficial effect of routine PPV23 vaccination of pregnant or breastfeeding women on the prevention of pneumococcal disease in infants in the first few months of life. Further studies are required to make recommendations on the possible use of PPV23 to extend the serotype coverage in individuals who have previously received PCV7. Therefore, in resource-limited settings with many competing health priorities, the evidence does not support routine immunization of the elderly and high-risk populations — including HIV positive individuals — with PPV23. For further information on WHO position papers on vaccines see:

<http://www.who.int/immunization/documents/positionpapers/en/index.html>

## **SUMMARIES**

### **WHO's Global Advisory Committee on Vaccine Safety Responds to New Study Concerning Safety of Hepatitis B Vaccination**

Following publication on 17 October of a paper by Y. Mickaeloff and colleagues in Neurology entitled "Hepatitis B vaccine and the risk of CNS inflammatory demyelination in childhood" WHO's Global Advisory Committee on Vaccine Safety (GACVS) commented on the methodology and findings of the study. The Committee expressed concern about the appropriateness of use of subgroup analyses by the authors of the study. The overall conclusion of the GACVS was that the findings from the study do not provide convincing evidence that hepatitis B vaccination, or use of any brand of hepatitis B vaccine, is associated with an increased risk of multiple sclerosis or of an episode of acute CNS inflammatory demyelination. For more details, see:

[http://www.who.int/vaccine\\_safety/topics/hepatitisb/multiple\\_sclerosis/oct\\_2008/en/index.html](http://www.who.int/vaccine_safety/topics/hepatitisb/multiple_sclerosis/oct_2008/en/index.html)

The GACVS has reviewed alleged associations between hepatitis B vaccines and multiple sclerosis on several occasions. All conclusions can be found at:

[http://www.who.int/vaccine\\_safety/topics/hepatitisb/multiple\\_sclerosis/en/index.html](http://www.who.int/vaccine_safety/topics/hepatitisb/multiple_sclerosis/en/index.html)

### **No Evidence Found of Increased Safety Risk Associated with Quinvaxem®**

In April 2008, the Government of Sri Lanka withdrew a DTwP-HepB-Hib (fully liquid) pentavalent vaccine (Quinvaxem®) produced by Berna Biotech Korea Corporation from its national immunization programme as a precautionary measure following reports of serious adverse events following immunization (AEFIs). A field investigation of the reported events was conducted by the national authorities with technical assistance from WHO. WHO also conducted a vaccine quality review. The clinical and epidemiological data with respect to the reported AEFI cases and the review of vaccine quality showed no evidence of any unexpected safety problems with the use of Quinvaxem® in Sri Lanka. There was no evidence of significantly higher than expected incidence of recognized adverse events following Quinvaxem® when compared with the previous whole-cell pertussis vaccine in use. In addition no evidence of an increased risk of adverse events was found from post-marketing safety data reported to the manufacturer. An investigation by national authorities found no evidence of inappropriate vaccine storage or programme errors. Quinvaxem® remains on the list of WHO prequalified vaccines. WHO has not recommended at any time a general withdrawal of the vaccine.

There is continuing interest among key stakeholders, including countries considering introduction of the vaccine for routine use, about the post-licensure safety profile of Quinvaxem®).

Further information is available on the WHO web site at:

[http://www.who.int/immunization\\_safety/aeft/investigations/en/index.html](http://www.who.int/immunization_safety/aeft/investigations/en/index.html)

WHO is currently undertaking an expert review of the reported AEFI cases in Sri Lanka for an independent assessment of the potential causal relationship between the adverse events and the vaccine. The panel is also tasked with advising WHO on potential further steps to improve post-marketing safety knowledge about the vaccine. The conclusions of the expert review will be posted at the above link when available.

## WHO PUBLISHED DOCUMENTS

**30/10/08 from Mario Conde, WHO/HQ:**

**WHO Immunization Work: 2006-07 Highlights** (ISBN 978 92 4 159674 9)

The document provides an overview of the wide range of immunization activities undertaken by WHO, both at global and regional levels, during the past two years. It also highlights global trends in immunization, both in terms of increasing coverage with new and underutilized vaccines and the introduction of new financing mechanisms. Information on the funding of WHO's immunization work and web links to additional sources of information are also provided.

[http://whqlibdoc.who.int/publications/2008/9789241596749\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596749_eng.pdf)

## GAVI-RELATED INFORMATION

### HEALTH SYSTEMS STRENGTHENING (HSS)

**30/10/08 from Tom O'Connell, WHO/HQ:** In follow up to the action points arising from the "Third Face-To-Face Meeting of WHO, UNICEF and the World Bank HSS Focal Points", held in Sharm-el Sheik, Egypt from 15-17 July 2008, WHO/AFRO organized two Inter-Country Team meetings on Health Systems Strengthening, the first in Ouagadougou, Burkina Faso from 1-3 October 2008, and the second in Libreville, Gabon from 7-9 October 2008. Both meetings consisted of three main sections:

- Identifying constraints to HSS for each member state;
- Linking HSS efforts catalysed by GAVI and The Global Fund (TGF) to other initiatives (e.g. IHP+); and
- Assessing on a country-by-country basis, the barriers to the monitoring and evaluation of Health Systems performance.

Each meeting produced a set of recommended actions, organized into four thematic areas:

- Determining specific assistance needs for each country for the upcoming GAVI 2009 HSS round and assessing proposal development;
- Assessing HSS needs linked to submission of TGF HSS components for Rounds 9 &10;
- Defining and identifying technical assistance needs of countries for HSS plan implementation; and
- Clarifying capacity building and technical support needs to enable countries to roll out the dashboard of HSS indicators to better evaluate their efforts to remove system constraints to better health outcomes.

## REVIEW PROCESS

### ***Next Review Dates:***

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

**Third Review:** Twenty countries sent their applications for the 23 to 31 October review (see list in annex).

#### **HSS REVIEWS**

9 HSS (Azerbaijan, Congo, India, Gambia, Bangladesh, Laos, Cuba, Senegal and Eritrea) and 4 Civil Society Organizaions (Burundi, Ethiopia, Pakistan and Ghana) proposals were reviewed between 3 and 15 October.

**REVIEW DATES & DEADLINES FOR 2009 WILL BE AVAILABLE FROM GAVI BY NOVEMBER 2008**

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

### AFRO EAST & SOUTHERN

#### ERITREA

**30/10/08 from AFRO E&S:** Four cold rooms were installed at the zonal level, and more than 30 refrigerators were provided to lower levels with support from UNICEF, prior to introduction of pentavalent vaccine in July 2008.

#### ETHIOPIA

**30/10/08 from AFRO E&S:** A vaccine management assessment planned for the third quarter of 2008, has been postponed to 2009.

#### LESOTHO

**30/10/08 from AFRO E&S:** Training of health workers on pentavalent vaccine was conducted in Maseru from 20-22 October 2008.

#### MADAGASCAR

**30/10/08 from AFRO E&S:** Training of health workers on pentavalent vaccine started in April 2008 and has been cascaded down to lower levels. The first shipment of the vaccine arrived in July and the vaccine was launched on 20 October during Child Health Days. Hib surveillance is ongoing at the University Teaching Hospital in Antananarivo.

#### UGANDA

**30/10/08 from AFRO E&S:** ISS application was submitted for the September 2008 round.

#### ZAMBIA

**30/10/08 from AFRO E&S:** Preparations for a post introduction evaluation of the switch from liquid-lyophilised to fully liquid pentavalent vaccine may have to be delayed until 2009.

#### ZIMBABWE

**30/10/08 from AFRO E&S:** ISS application was submitted for the September 2008 round.

### AFRO WEST & CENTRAL

#### BENIN

**30/10/08 from AFRO W&C:** EPI review under-way.

#### CAR

**30/10/08 from AFRO W&C:** The official launching ceremony to introduce the pentavalent (DTP-HepB-Hib) into the routine immunization system took place on 1 September 2008 in the Paediatric Complex in Bangui. This ceremony was opened by the wife of the Chief of State, Mrs Monique Bozize, with the assistance of the Minister of Social and Family Affairs. The Minister of Health and representatives of international organizations also participated in this ceremony.

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<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;

## CHAD

**30/10/08 from AFRO W&C:** The pentavalent vaccine (DTP-HepB-Hib) was officially launched on 1 July 2008 in N'Djamena. The Minister of Health and the Mayor of N'Djaména, as well as representatives from the international organizations were also present during this ceremony.

## DR CONGO

**30/10/08 from AFRO W&C:**

**Workshop on National Regulatory Authority (NRA) Strengthening and Institutional Development Plan (IDP)** - The country organized a workshop from 3-6 September 2008 in Kinshasa to strengthen the NRA for vaccines. The workshop was aimed at developing an Institutional Development Plan to cover all the six components of the NRA: licensing; laboratory testing and lot release; inspections of manufacturing sites and distributing facilities; control of clinical trials; control of advertising and promotion; post marketing surveillance of quality and safety. The workshop comprised of several presentations followed by discussions, as well as break-out groups and individual reading. The participants were from all interested departments, including the National Department on Pharmaceuticals and Drugs, Expanded Programme on Immunization, National Ethnic Committee, and the National Institute on Biomedical Research and Control Office. Each component of the NRA was analysed during the break-out sessions to identify strengths and weaknesses, and recommendations were proposed. A smaller group was established at the end of the workshop to finalize the IDP and the budget. The first draft of the IDP will be shared with all participants of the workshop and IST/Central by 12 September 2008, before submission to the ICC for approval by 31 October 2008.

## GHANA

**30/10/08 from AFRO W&C:** Wild poliovirus has been isolated in Yendi district of the Northern Region, i.e. the same district where the first wild poliovirus was isolated during the 2003 outbreak. An investigation has been conducted and the country is currently planning a response campaign, the scope of which will be determined by the risk analysis and availability of resources.

A nation-wide integrated campaign was conducted from October 16-18, 2008. During this campaign, OPV was administered to all children under 5 years of age, Vitamin A to children over 6-59 months and post-partum women, mebendazole to children 24-59 months and TT to women of child-bearing age.

## LIBERIA

**30/10/08 from AFRO W&C:** A Post-introduction Evaluation of the introduction of pentavalent vaccines is scheduled to take place from 3-14 November 08. Members of the review team will include WHO (IST West, Liberia Country Office and HQ), CDC, MoH and UNICEF. The findings will be summarized in the next GIN.

## EUROPEAN REGION

### REGIONAL INFORMATION

**30/10/08 from EURO:**

#### **Regional Committee: Report of Progress Towards 2010 Measles and Rubella Elimination Goals**

At the Regional Committee for Europe (15-18 September, Tbilisi, Georgia) progress regarding the implementation of Resolution EUR/RC58/R7 (Strengthen national immunization systems through eliminating measles and rubella and preventing congenital rubella infection) was reported for the period 2005-2008. In conclusion, the elimination goals for 2010 are reachable, if countries ensure that the gains made to date are sustained and not jeopardized by the challenges that are still being faced.

Substantial successes have been achieved within the Region regarding the control of measles and rubella. All 53 countries now have a routine 2-dose measles vaccination programme and all but one country have introduced rubella vaccine. Reported measles incidence in the Region in 2007 (6,923 cases to date) dropped almost 90% from 2006 levels, and the number of countries reporting measles incidence of <1 per 1 000 000 population (elimination target) increased to 29 from 19 in 2006. Furthermore, in 2006 and 2007 nationwide supplementary immunization activities were successfully implemented in Armenia, Azerbaijan, Turkmenistan and Uzbekistan, reaching nearly 15 million children, young adults, and women of childbearing age, while strengthening routine immunization programmes and surveillance.

However, in the countries with the lowest vaccination coverage, national immunization programmes are challenged by a combination of public and political complacency regarding the value of immunization, and by a disturbing rise in the influence of anti-vaccination groups and their dangerously misleading advocacy

campaigns. Nine of the ten countries in the Region with the lowest average measles immunization rates from 2000 through 2007 are in the European Union.

### **Meeting of the European Technical Advisory Group of Experts on Immunization**

The European Technical Advisory Group of Experts on Immunization (ETAGE) met on 8 and 9 October 2008 in Copenhagen, Denmark. ETAGE discussed the progress regarding the regional measles and rubella elimination goals, the introduction of new vaccines, vaccine preventable disease surveillance, and strengthening of national advisory committees on immunization (NACIs). Furthermore, ETAGE endorsed the strategic plan for Targeted Diseases and Immunization for 2008-2013:

- **Measles and Rubella Elimination:** Although major achievements have been made in reducing measles incidence across the Region and reaching the 95% target for coverage, ETAGE is concerned about the recent measles outbreaks and the ramifications of exporting virus to measles-free areas of the world. ETAGE recommends urgent action to address susceptible populations in countries, where measles and rubella outbreaks have occurred. In addition, to reach the elimination goals, countries must ensure that the gains made so far are sustained through maintaining political commitment, increasing advocacy, strengthening laboratory support and securing long-term funding for immunization programmes. Also, it was recommended that the Region should establish regional and national technical committees to document the progress of measles and rubella elimination, to enable all countries to reach the Regional goals by 2010.
- **New Vaccines Introduction:** ETAGE encourage the continued establishment of surveillance systems for the collection and use of high quality evidence-based data for decision making for introduction and use of new vaccines.
- **Surveillance:** Positive progress has been seen in Measles surveillance reporting indicators, including for aggregate reporting from the Central Asian Republics. However, ETAGE acknowledged the alarming stagnation or decline of a number of AFP surveillance indicators, particularly in high-risk areas of the Region. It was recommended that greater attention should be placed on accelerating the integration of rubella laboratory based surveillance and the introduction of CRS surveillance into existing rubella surveillance networks.
- **Strengthening of National Advisory Committees:** ETAGE acknowledged the role and importance of NACIs in strengthening evidence based decision making, and recommended reinforcing normative support in establishing and strengthening NACIs.

### **Upcoming meeting on New Vaccines Introduction within the Context of Immunization Systems**

**Strengthening:** On 25-27 November 2008, the WHO Regional Office for Europe, in collaboration with the International Children's Centre in Ankara, Turkey, will organize a meeting on policies and strategies for introducing new and underutilized vaccines within the context of an immunization systems strengthening framework. Specific emphasis will be placed on *Haemophilus influenzae* type b (Hib), rotavirus and pneumococcal vaccines.

## **GEORGIA**

### **30/10/08 from EURO:**

In 2004-2005 Georgia experienced its largest measles outbreak since 1973, with more than 85% of all measles cases detected among persons born after 1983. The outbreak likely resulted from failure to vaccinate, rather than vaccine failure. Routine immunization coverage in Georgia is still below the 95% target for both MMR1 and MMR2. To achieve the regional measles and rubella elimination goals, high population immunity must be rapidly attained among susceptible birth cohorts that are sustaining measles and rubella transmission. Georgia will conduct supplementary immunization activities starting 20 October 2008. The launch of a nation-wide measles and rubella mass immunization campaign targeting approximately 1.1 million people aged 6-27 years throughout the country will take place on 2 November 2008. This SIA and further efforts to increase coverage for all vaccines are key national immunization programme priorities.

## **EASTERN MEDITERANEAN REGION**

### **REGIONAL INFORMATION**

**30/10/08 from EMRO:**

#### **GAVI Side Meeting with the Ministers of Health of the Six GAVI Eligible Countries of the Region During the Fifty Fifth Session of the Regional Committee for the Eastern Mediterranean (Cairo 11-14 October 2008)**

A consultative side session on GAVI policies was held in the afternoon of 12th October 2008 at WHO EMRO for the six Minister of Health of the GAVI eligible countries of the region. The objective of the session was to brief the Ministers of Health on the recent policy developments by GAVI (Co-Financing default Policy, Transparency and Accountability Policy (TAP) and to provide an opportunity for the countries to discuss issues, if any, with the representatives of the GAVI Secretariat.

#### **EMRO Measles Technical Consultation Meeting in Cairo Egypt from 16<sup>th</sup> to 18<sup>th</sup> September 2008**

A technical consultation to elaborate and finalize the process for the validation of measles elimination in the Eastern Mediterranean Region was held in Cairo, September 16-18 2008. The objectives of the meeting were to define the criteria, parameters, and process for documenting and confirming measles elimination in the Eastern Mediterranean Region.

### **AFGHANISTAN**

**30/10/08 from EMRO:**

**Joint WHO/UNICEF/GAVI mission - 14<sup>th</sup> September to 18th September 2008:** In follow up to the May 2008 GAVI Board approval for the support for introduction of DTP-HepB-Hib vaccine into the routine immunization in Afghanistan, a joint WHO/UNICEF/GAVI mission to Afghanistan took place to discuss with key governmental officials, civil society and development partners with regard to the GAVI Alliance support on the followings:

- Achievement and challenges facing the health sector in the improvement of the health status of mother and child
- Revised EPI Plan of Action and country status related to the preparation of pentavalent vaccine introduction in 09
- HSS Implementation during 2008 and Plan of Action for 2009
- Progress and issues related to GAVI support in the utilization of ISS, HSS and CSO funds

### **YEMEN**

**30/10/08 from EMRO:**

Yemen received conditional approval for Pneumococcal vaccine and has submitted its responses for review by the IRC in the September 2008 round.

## **SOUTH EAST ASIAN REGION**

### **NEPAL**

**30/10/08 from SEARO:**

#### **Measles Follow-up campaign Nepal, (reported by WHO Nepal and SEARO)**

The first phase of the measles follow up campaign in Nepal was conducted from 10-24 September 2008 in 29 districts and targeted 930,000 children. The second phase will be conducted in December 2008 in the remaining 46 districts targeting 3,000,000 children.

The first phase of the campaign was monitored by EPI managers from member countries in SEAR, staff from WHO country offices, CDC/Atlanta and WHO SEAR. They visited 14 districts, 28 sub district level health centres, 81 vaccination posts and also conducted 48 rapid convenient assessments. It was observed that the commitment for the campaign was high at all levels of health department. Logistics and funds reached all levels on time. The injection safety practices were good. The cold chain and vaccine management was good at districts. According to provisional data all districts have reached more than 90% coverage.

## WESTERN PACIFIC REGION

### REGIONAL INFORMATION

**30/10/08 from WPRO:**

#### **International Expert Meeting on Control of Hepatitis B in Western Pacific Region**

An international expert meeting is being organized in South Korea from November 24-25, 2008. The meeting is co-sponsored by KCDC, Korea, and by Regional Office of WHO for Western Pacific. The meeting will review the progress made in hepatitis B control in Western Pacific and lessons learnt from certification of the goal in two countries - South Korea and Macao (China) in 2008.

### MANILA

**30/10/08 from WPRO:**

#### **International Hands-on Training Course on Bacterial PCR testing:**

An international hands-on training course is being organized from November 10-14, 2008 in Manila on bacterial PCR with special focus on Hib, pneumococcus and meningococcus. The trainers will come from CDC, Atlanta. Trainees will come from five countries in the region: Cambodia, Mongolia, Lao PDR, Philippines, and Vietnam.

## LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization: November 2008 onwards					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
<b>Nov-08</b>					
Workshop for Logisticians in East and Southern Africa on logistic challenges for new vaccines introduction	03-Nov	07-Nov	Mombasa, Kenya	AFRO	AFRO
PAHO Meeting of the Network for New Vaccines Adverse Events (SANEVA)	04-Nov	04-Nov	Mexico City, Mexico	PAHO	PAHO
Strategic Advisory Group of Experts (SAGE) meeting	04-Nov	06-Nov	Geneva	WHO/HQ	Global
EMRO Bacterial Meningitis and Pneumococcal Regional Surveillance Networks Follow-Up meeting	11-Nov	13-Nov	Casablanca, Morocco	EMRO	EMR
25th Meeting of the Caribbean Expanded Program on Immunization Managers	17-Nov	21-Nov	Bahamas	PAHO	PAHO
GAVI Eastern Mediterranean Regional Working Group Meeting	18-Nov	20-Nov	Cairo, Egypt	EMRO	EMR
EMRO Measles Inter-Country Meeting for Priority Countries (GAVI Eligible, Iraq and Lebanon)	22-Nov	28-Nov	Dubai, UAE	EMRO	EMR
The second workshop on cMYP Updating and Monitoring	24-Nov	28-Nov	Lusaka, Zambia	AFRO	AFRO
EMRO Measles Inter-Country Meeting for Remaining Countries	tbd	tbd	Dubai, UAE	EMRO	EMR
<b>Dec-08</b>					
TechNet21 2008 Consultation Meeting	02-Dec	04-Dec	Tunisia	WHO	Global
PAHO Workshop on ProVac	02-Dec	12-Dec	Asuncion, Paraguay	PAHO	PAHO
AFRO Task Force on Immunization	03-Dec	06-Dec	Mauritius	AFRO	AFR

14th Meeting of the Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific Region (RCC)	09-Dec	10-Dec	Vientiane, Lao PDR	WPRO	WPR
GAVI South East Asian Regional Working Group Meeting	10-Dec	11-Dec	Thimpu, Bhutan	SEARO	SEAR
EMRO Rotavirus Regional Surveillance Network Follow-Up Meeting	16-Dec	18-Dec	Amman, Jordan	EMRO	EMR
<b>2009 Meetings</b>					
PneumoADIP and Hib Initiative Surveillance Networks Investigators	1Q 2009	1Q 2009	tbd	WHO/HQ	Global
PAHO Meeting of the Technical Advisory Group on Vaccine-Preventable Diseases	26-Jan	29-Jan	tbd	PAHO	PAHO
NUVI ADIPs Retreat	20 Jan	22 Jan	CCV, Geneva	WHO	HQ
Global Immunization Meeting	17-Feb	19-Feb	New York	UNICEF/WHO	Global
Strategic Advisory Group of Experts (SAGE) meeting	07-Apr	09-Apr	Geneva	WHO/HQ	Global
PAHO Sub-Regional Meeting of the Central American Region, Mexico and the Spanish Caribbean on Vaccine Preventable Diseases	08-Jun	11-Jun	tbd	PAHO	PAHO
PAHO Sub-Regional Meeting of the Andean and Southern Cone Regions on Vaccine Preventable Diseases	12-Aug	13-Aug	tbd	PAHO	PAHO
Strategic Advisory Group of Experts (SAGE) meeting	27-Oct	29-Oct	Geneva	WHO/HQ	Global
26th Meeting of the Caribbean Expanded Program on Immunization Managers	16-Nov	20-Nov	tbd	PAHO	PAHO

## **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>

#### **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-resources.php](http://www.path.org/vaccineresources/japanese_encephalitis-resources.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/)

## Annex 1

### Applications for review in October 2008

	Country	P D F	Support requested			
			ISS	Hib	Pneumo	Rota
1	Armenia	no		N		
2	Azerbaijan	no		N		
3	Bangladesh	ye	N2			
4	Bhutan	ye		R		
5	Cambodia	ye	N2	N		
6	Cameroun	no			C	
7	Congo	no			C	
8	Georgia	no		N		
9	Ghana	ye	N2			
10	India	no		N		
11	Lao PDR	no		C		
12	Mali	ye			N	
13	Myanmar	ye	N2			
14	Nicaragua	ye				N
15	São Tomè	ye		N		
16	Sierra Leone	ye	N2			
17	Uganda	ye	N2			
18	Yemen	no			C	
19	Zambia	ye	N2			
20	Zimbabwe	ye	N2			

**Key:**

E = Electronic copy  
H = Hard copy  
PDF = new electronic form used

C = response to previous Conditional Approval  
R = New application after Re-submission  
N = New application  
N2 = Renewed application  
ISS = Immunization Services Support  
INS = Injection Safety Support

NVS = New and Under-used Vaccines Support  
YF = Yellow Fever Vaccines  
HepB = Hepatitis B Vaccines  
Hib = *Haemophilus Influenzae* type B vaccine  
MSD = Measles second dose  
PCV7 = Pneumococcal Vaccine  
Rota = Rotavirus Vaccine

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